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EDITORIAL COMMENT



QUESTIONS THAT CONFRONT US FOR 1912

IN so short a time as has elapsed since the last issue of the JOURNAL was published, new and important problems have come into view to be studied, developed, or repressed, as the case may be, in the coming year.

It has recently come to the attention of women engaged in visiting nurse work that from motives of economy the Metropolitan Life Insurance Company proposes to put into the field a group of untrained women, who are to do visiting nurse work for the so-called chronic cases, under the supervision of the regular trained nurse. This forces to our attention the recommendation contained in the annual report of the Education Department of the State of New York, which endorses the recommendation of the American Hospital Association Committee, that nurse attendants be trained in hospitals too small to maintain a training school, with a proviso that in these hospitals graduate nurses be employed to take the responsibility of the care of the sick, and that these attendants act only as assistants to graduates.

The address given by Dr. Downing, First Assistant Commissioner of Education of the State of New York, at the New York State Nurses' annual meeting in October, has been in the hands of our readers for several weeks, and his recommendation that the New York law shall be amended to include the registration of a class of trained attendants is now familiar to them.

In the November JOURNAL attention was called editorially to changes in requirements in the registration of hospitals in New York, showing that for such registration a hospital must contain not less than fifty beds, with a daily average of thirty patients. This ruling is not retroactive, but applies to unregistered or new hospitals. Existing schools have had eight years in which to comply with the law.

In the proposed action of the Metropolitan Life Insurance Company, with its almost compelling financial influence, and in the recommendation coming from the New York Education Department, there seems to be coming into the nursing field a second grade of nurse, the practical nurse or the so-called attendant, and taken in connection with the ruling of the Education Department that nurses to be registered in New York State must have graduated from schools of not less than fifty beds, we naturally infer that the service for the smaller hospitals is to be supplied by attendants.

Nursing service for all the people must come from some source, and trained nursing not being supplied in sufficient quantity, it becomes evident that this second grade woman will be put into the field.

We are not commenting on the situation at this time more than to urge a serious consideration of the problem upon our readers. Are we, as nurses, to accept this plan, amend our laws, and give our endorsement to women of inferior education, with a short term of training, whose special province shall be the nursing of the patients in small hospitals, and in the homes of the poor and the middle class? This is too great a proposition to be disposed of lightly; it affects every state and every individual nurse. Its supporters bring strong arguments in its favor, while, on the other hand, its opponents see in it much to be deplored.

Another matter for consideration was brought forward at the meeting on Infant Mortality in Chicago and is of vital interest to the whole nursing body; this is the recommendation made there that nurses should take up the practice of midwifery after proper instruction in this line of work.

These three questions,—the use of practical nurses for Metropolitan Life Insurance visiting nursing, the training and registration under the nurse practice acts of attendants, and the midwifery problem, we should like to have discussed briefly, calmly but fully, in our letter department during the year, getting as many points of view on both sides as possible. The sentiment of the nurses of the whole country should be shown in this way.

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**THE SMALL HOSPITAL, THE ATTENDANT QUESTION AND THE
SLIDING SCALE**

THE farther one gets from the large cities and the great hospital centres, the more one is impressed with the value of the small general hospital in isolated places or in the smaller cities. This small general hospital has a very different future from the small private hospital established for strictly commercial purposes. It serves the public, rich and poor alike, and as its usefulness becomes more greatly appreciated it increases in size, the history of them all being practically identical; the nursing staff being crowded out of the main building into a near-by private house, the building of a ward, then of a nurses' home, a laundry building, etc., until we find in a few years instead of a limited capacity of perhaps ten beds, that the number is increased to fifty, and creeps on to one hundred or over. We have never known a single instance where one of these small general hospitals has been discontinued. We have never known of one that has not developed along the lines that we have indicated. The quality of the service, of course, depends upon the intelligence of the executive head.

For example, St. Luke's Hospital in New Bedford, Mass., beginning in a roomy old colonial house on a busy street, with ten beds for patients, and all of the working staff living under the roof, is now a model hospital of 150 beds, with as perfect equipment and service as can be found in any of the great centres. St. Luke's Hospital in Kansas City, which we have recently had the privilege of visiting, began in the same way, has reached a capacity of twenty-five beds, and has come to the point where, on the completion of detail plans, a model hospital is to be constructed. There are hundreds of such instances through the country.

In such hospitals, while the number of beds is few in the beginning, the opportunities for the training of nurses for private duty is usually excellent. If this training is poor, it is largely the fault of an incompetent superintendent. From the very limitation of space the cases treated make excellent subjects for clinical study, the superintendent, who usually has charge of both the hospital and training school, is in touch with every detail of the work, and all the pupils watch the progress of each case. The variety of experience is great, although the number of cases of each kind may be few during a nurse's entire term of training, and in some cases affiliation rounds out any special lack. The pupils in such schools are usually drawn from the immediate locality, and the majority do not wander far from their home centres after graduation, but are to be found doing all the different kinds of nursing work that the community requires.

Training schools in these small general hospitals are in number greatly in excess of those connected with the large hospitals in the big cities. It has been shown by the state examinations that many of their graduates compare favorably with those trained in the big rushing institutions. They are excellent private nurses. To recommend to our women who are in charge of small hospitals with such standards and such a future that they shall discontinue the training of nurses, so needed in such communities, and train only attendants would be most disheartening. If the training of attendants in small hospitals is ever put into operation, some means of discrimination and control of the schools will have to be devised. While these good schools would rebel against such a change, there are scores of small private institutions and commercial hospitals that would jump at the chance to obtain a less intelligent class of pupils who could be made to work hard and would not have to be given a kind of training that would be much expense to the institution, and whose living accommodations could be of a lower order. We have hosts of hospitals, large and small, in the great centres, that even to-day use their nurses as a means of cheap service, and give as little in return as the law allows, and the legitimizing of the training of attendants would give to such institutions greater opportunities for commercial gain than they have been able to obtain in the training of nurses. It would seem to us that by approving this plan state registration is defeating its own ends—the more efficient care of the sick. Even with a compulsory registration law there would be no way of preventing the ordinary doctor from saying to his patients, "You do not need a trained nurse; an attendant does just as well, and will not cost you nearly as much," and the amount an attendant may charge after she has gained a little more knowledge by experience can never be controlled.

Personally we can see no way to provide nursing care for all the people, which is what the attendant proposition amounts to, but the universal adoption of the sliding scale which permits the nurse to increase her charges for those who can pay, and to lower them to meet the needs of the humbler classes. Has not the time come when the whole nursing body should take up this question and in conference with medical organizations try to secure such co-operation from the medical profession as will bring this thing about without lowering the standard of nursing care for the patient?

There are those who claim that the responsibility of providing nursing care for the great middle class does not belong to the nursing profession. From the very first moment of organization life, beginning with the establishment of the Superintendents' Society in Chicago, the nursing

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body has assumed the responsibility of the elevation and advancement of nursing education, that the sick may be more skilfully cared for. Is it not equally our responsibility that such skilled service shall be available for all classes of people? With our splendidly organized central registries, controlled absolutely by nurses, could not the sliding scale be so controlled that the abuse of privilege shall be prevented?

CENTRAL REGISTRIES

THE development of central registries is going steadily on, and the results are in every way satisfactory. The establishment of such registries seems to be accomplished with much greater ease the farther one gets from the big nursing centres of the east, although those that have been established in the east are meeting with success. We have not heard of one that has met with any great financial obstacle where there is a club house in connection, with revenue from the renting of rooms to nurses. We think we are justified in recommending to nurses, where the establishment of a club house is under consideration, a somewhat bolder policy, based on the experience that we have already had, that larger apartments or houses be secured, that greater numbers of nurses be brought together under living conditions, and that as rapidly as possible the public and the medical profession shall be educated to the idea that registered nurses in any given community can only be found through such centres, and that practical nurses, when such are desired, can be reached through the same channel.

Recent visits to a number of very successful registries has impressed upon us another side of this kind of club life, which we think is of great importance in view of the fact that the present-day nurse is so much younger when she starts out on her career, and that is the question of protection. The association with older women of broader experience, the personal interest and advice of the registrar, and the proper selection by her of suitable places and cases for this younger group of women such as preventing their being sent to hotels or bachelor apartments to care for men living alone, is one of the most valuable features of the central registry.

Those registries that have organized on the basis of a stock company have passed through the experimental period with success and very little anxiety. We hear, even in localities where opposition from training schools has been pronounced in the beginning, of whole graduating classes enrolling at the one central directory. It only remains for superintendents of training schools to throw their influence into this work

and to turn over to such registries those being maintained by the hospitals, and to educate their pupils to the wisdom of becoming identified with such registries immediately on graduation, to make them all over the country a powerful influence for the betterment of nursing conditions as a whole.

The nurses of Oklahoma City in establishing their club house formed a stock company within the Graduate Nurses' Association, purchased a house in which the club has been maintained for several years, and at the time of our recent visit plans were being developed for moving this house to the rear of the lot and building on the front a modern and commodious club house. We found similar plans under way at Kansas City, where it is intended that a diet kitchen and a lending bureau for sick-room supplies shall be established in connection with the registry. At St. Louis and Indianapolis central registries are being maintained under the auspices of the local associations without financial difficulties. Washington and Baltimore, where central registries were established at about the same time, have the most favorable reports, and at Philadelphia the club and registry have been so successful, although started under great difficulties, that a larger and more commodious house has been taken on a more attractive street.

Such central registries, established by registered nurses, where all nursing interests in a community shall be concentrated, are the logical outcome of the big, commanding, compelling influence of state registration. We want to make these club houses the places to which the public shall turn for everything that has to do with nursing and the sick, containing not only the registry and a hall for meetings, but a diet kitchen and a lending bureau, where every kind of sick-room utensil, from bed-pans to adjustable beds, may be rented for a longer or shorter period at reasonable charges. Such registries are already being used for the headquarters of the Red Cross and the *JOURNAL* and should be centres of information in regard to all nursing subjects—local, state and national.

THE ISLA STEWART MEMORIAL

It is a consoling thought that the influence of a master-mind does not cease after death but, rather, takes on a new power. So the great loss to the nursing world of its leaders is softened by the quickened determination of their pupils not to let their spiritual force be lost. Such an example is shown in the recent action of the St. Bartholomew nurses to set a fitting and lasting memorial to Miss Stewart in the form of educational scholarships to perpetuate her ideals as well as her

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memory. We have always felt that a living memorial is nobler than any monument or statue, however fine; such a memorial does not pass on the spirit of the enshrined dead.

It is in keeping for St. Bartholomew's nurses to lead on in the educational ascent, for among them, to a very special degree, there is found that indefinable something called the progressive spirit. Mrs. Fenwick set the keynote there, long ago, during her matronship, and Miss Stewart, as we all know, in her twenty and more years at St. Bartholomew's, stood like a tower for all progress of that sort which is truly democratic and broadening. Many other English hospitals give their nurses a perfect professional training, but a spirit of joyous expansion and fearless growth has come from St. Bartholomew's that specializes its women wherever they are found, the world over. We wish the memorial well, and that its influence may be far-reaching.

NURSES ON BOARDS OF EXAMINERS

Directors

IN line with the appointment of nurses on the boards of managers of institution members of the Red Cross, comes the announcement that Jessie Breeze, a graduate of the Illinois Training School in the class of 1887, has been elected a member of the board of directors of the training school. Miss Breeze is a woman of wide experience, as an assistant in the school and as a private nurse, and is a woman of deliberate judgment; her appointment to the board cannot fail to be a great help in the development of the management of the school. The appointment of nurses on boards of hospitals and training schools has been advocated by the American Nurses' Association and this JOURNAL, many times, but the response has been slow, although we believe it will come in the end, as the value of such appointments has been proven by experience.

A CANADIAN CALENDAR

Hosts of Canadian nurses living in the United States, especially those who are enjoying the privileges of state registration here, would do well to show their allegiance to their home country by purchasing liberally a calendar which is being offered by the Graduate Nurses' Association of Ontario, the proceeds of which are to be used for securing state registration in Canada. The calendar is in attractive shades of buff, it has a speaking likeness of Sairy Gamp as an ornament, the price is twenty-five cents, and it may be obtained from Miss Crosby, 41 Rose Avenue, Toronto.

A STEP TOWARD ESTABLISHING A UNIFORM CURRICULUM

By FANNY E. S. SMITH, R.N.

Graduate of St. Luke's Hospital, St. Louis, Mo.

"STATE REGISTRATION," like many another movement for the betterment of existing conditions, brings with it certain problems, and the object of this article is to offer (in part at least) a solution of one of these problems.

What I have to present is, I am aware, no new idea, but merely a statement of what is actually being done at the present time in the way of a uniform curriculum in Kansas City, where there are many small hospitals.

We will assume that the superintendent of the small hospital is quite the hardest-worked woman in the service. Every department of the institution comes under her supervision, and makes its daily demands upon her, so that she must (in theory at least) be an engineer, laundress, cook, plumber, gardener, chambermaid, bookkeeper, electrician, and, withal, a teacher and trainer of nurses. It is my opinion that, in spite of her multitudinous duties, this incomparable woman has turned out from her workshop much of the splendid material to be found in the nursing world to-day.

Some of these institutions through fortunate financial conditions are enabled to employ a superintendent of nurses, but a majority are not so favored, and it is of these I now wish to speak. State Board examinations loom up before the superintendent of the small hospital, reminding her that she must give more time to class work, and as she is already robbing herself of many hours that should be spent in rest and recreation, she is (if you will excuse the slang) "up against it."

In Kansas City circumstances led to what may aptly be termed the "entering wedge" of a uniform curriculum for nurse training schools.

A training school superintendent of many years' standing, being temporarily disengaged, was approached on the subject of holding classes for nurses in some five or six different hospitals, and in the spring of 1911 this work was begun experimentally. The branches taught were nursing ethics, anatomy and physiology, bacteriology, and certain special nursing subjects. In some schools, senior and junior classes were held one after the other; in some, the same subject was taken up by both classes, notably nursing ethics, and this by request of the superintendent.

At the present time a more systematic, but far from perfect, plan is followed. In some instances the system adopted has for its reason the exigencies of that particular case; time alone will bring absolute harmony.

The teacher meets the superintendents and discusses with them just what subjects they wish her to teach. It will no doubt be generally conceded that some things can be taught to better advantage by one who is in daily contact with her pupils and who has the opportunity of observing the practical application of her teaching. Where is the superintendent who has not, after the plainest talks, and the most exhaustive explanations relating to the technic of the common, every-day duties of the nurse, been discouraged, disheartened, and disgusted, when making her numerous daily rounds, to find them being performed in just the other way. The teacher from the outside may teach along certain lines and feel that she has made a good impression and imparted much useful knowledge, but she has not the opportunity of following up and testing her theories.

In Kansas City a portion of the teaching in six hospital training schools is supplied from an outside source. It is to be understood that the teacher is a nurse of many years' experience as the head of a training school. To follow the work as it is being carried on at the present time can be done in a few words. The schools may be designated as A, B, C, D, E, F, and I would also state that they are not very far apart.

On Monday, at 4 p.m., the teacher goes to A, where she holds a class for seniors, the subject being bacteriology; on Tuesday, to B, where an afternoon class for juniors in anatomy and physiology is held, and in the evening of the same day, classes are held at C, junior and senior following each other,—anatomy and physiology for the former, and bacteriology for the latter. On Wednesday, at 7 p.m. a mixed class at D, that is to say, all who can be spared attend this class, and general nursing is the theme. On Thursday an afternoon class is held at E for juniors and an evening class at the same place for seniors. On Friday, at F, two classes are held, one after the other, in the evening.

The subjects are practically the same throughout: anatomy and physiology for the juniors, and bacteriology for seniors. A portion of the time is devoted to a quiz, and the teacher encourages the asking of questions after the class is over, which questions may be on any subject connected with nursing.

In every instance the fall work commenced with a recapitulation of the subject matter gone over in the spring of the present year, and a most careful examination will be held at the close of the classes. It is

believed and hoped that these examinations will bring out some interesting facts, for the pupils have exhibited an unusual desire to improve their opportunities, and this is no doubt owing largely to the fact of State Registration and all that it implies.

What I have so imperfectly sketched contains much that is crude, I am aware, but that an adjustment of small difficulties and mature plans will eventually ensue is confidently believed. The books used by the teacher in preparing her work are many, of course, but those commonly used, so far, and recommended to the pupils are: Kimber's Anatomy and Physiology, Pattee's Practical Dietetics, McIsaac's Bacteriology, Maxwell and Pope's Practical Nursing, Pope's Quiz Book of Nursing, Robbs' Nursing Ethics.

Of course no one person can do all the teaching in six hospital training schools, but one can do much to relieve six overworked superintendents, two or three can do much more, and the cost to each hospital would be a small matter compared with the salary of a superintendent of nurses, for I have in mind now those institutions where a superintendent of nurses is out of the question.

It will be a long time before such hospitals will cease to exist; that many of them are doing splendid work cannot be denied, and it is believed that the plan for instruction inaugurated in our city will be productive of good results, and do much to prepare pupils for their State Board examinations.

Thus far I have spoken of this work only as it concerns the small hospital, but I do not wish to imply that the system of teaching advocated is presented as a help (necessity, if you will) in regard to this class only. A superintendent of nurses in a medium or large hospital should certainly be relieved of at least half of the class work. She may not (as in the case of her sister in the small hospital) be obliged to interview the butcher and the baker, the grocer and the milkman, the coal man and the ice man, but in her own department she has equally arduous duties, and the conscientious superintendent of nurses has no idle moments. *She* also needs help in her class work, and if she does not have it, something must give way in time, and more often than not it is the nervous system of an overtaxed woman.

A word as to the doctors' lectures to nurses may not be amiss. I recall with thankfulness the help received from those doctors who took the matter of imparting knowledge to nurses seriously, and who knew how to teach. Candor, however, compels me to make the statement that such are in the minority. But apart from this, the doctor is a busy man and, when it is a question of a professional call or a lecture to nurses,

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as a rule the lecture goes by default. It is undoubtedly true that lectures by the medical staff are of inestimable value when delivered to third-year nurses, whose minds have been prepared by organized study, well-chosen classes and demonstrations by teachers who have time and opportunity for preparing themselves for this work.

In most nursing communities there are women who for various reasons are debarred from private nursing or active institutional work. Many of these women have the necessary equipment of the teacher, and while there are few who can teach all subjects, the majority are capable of taking up one or two, and of imparting them to others. Thus a number of persons would be benefited by the general adoption of a plan, whereby the teaching of pupil nurses would not depend wholly upon those whose duties in the hospital are arduous enough, without the addition of class work every day. The pupil is benefited because she receives instruction from some one who has the time to give to her subject and is not likely to be interrupted. The superintendent is benefited, for reasons stated several times in this article. The doctor is benefited because when he lectures he will find better ground for the seeds of knowledge he wishes to impart, and the teacher is benefited, having the satisfaction of knowing that she is (if the phrase be not entirely worn out) "filling a long-felt want."

In writing the foregoing I have not lost sight of the fact that we have perhaps in "The Department of Nursing and Health," in "Teachers' College, Columbia University," the solution of the teaching problem in the training school of the future. I have dealt entirely with present conditions in certain localities and with the means for teaching now at hand.

MENTAL HYGIENE IN ILLINOIS

By ELNORA E. THOMSON

Graduate of the Presbyterian Hospital, Chicago, and Agent for the Illinois Society for Mental Hygiene

THE Illinois Society for Mental Hygiene was incorporated under the laws of the state in the early summer of 1910, its general object being to study cases of mental and nervous breakdown with the hope of being able to use preventive measures when the case was border-line and to educate the public away from the idea that the patient suffering from mental breakdown had to be treated like a criminal, that he was ill and must be so recognized.

This society was not the first to be organized. There was a similar one in Connecticut and a State Charities Aid Society in New York; there was also a national committee made up of representative people from all over the United States, giving as its object—"To work for the protection of the mental health of the public at large, to raise the standard of care for those threatened with mental disorders in all their forms and relations and to disseminate knowledge concerning their causes, treatment and prevention, to obtain from any source reliable data regarding conditions and methods of dealing with mental disorders; to enlist the aid of the Federal Government so far as may seem advisable, to co-ordinate existing agencies and help organize in each state in the union an allied, but independent, Society for Mental Hygiene."

It is a curious fact that this form of disease has been so neglected by the charitably inclined, for while millions have been given toward endowing hospitals for the physically ill, only very recently has anything been given toward aiding these poor sufferers, and even now there are only a very few who have shown any interest. When we consider how many there are who need, it is appalling. There are in the public institutions in the state of Illinois about 14,000 patients; this does not by any means represent the entire number of the insane in the state, as no census outside of the institutions has ever been made. Many authorities state that more than one person for each one hundred of the population is mentally unstable; this would include those suffering from epilepsy and various forms of feeble-mindedness as well as neurasthenia and hysteria. There is no place provided by the state for the care of anyone not definitely insane or feeble-minded. The private institutions are necessarily too expensive for even the individual of moderate means, hospitals for the physically ill will not and cannot take cases into their wards who show mental symptoms.

Alienists and physicians who specialize in nervous diseases so willingly see these patients and would follow up their diagnosis with treatment for charity's sake, or a small fee, but first and foremost there must not only be a change of environment but a suitable one. So many cases that in the beginning probably had a chance of entire recovery go on to a chronic state when they are adjudged insane and become a public charge for the rest of their days because we have not a properly equipped psychopathic hospital.

Our state institutions are working toward the proper care of patients after they are committed, improving the medical staff, nursing force, etc., but are handicapped by crowded conditions and small appropriations. One object of this society is to be of aid to these institutions by investi-

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gating homes before patients are discharged or paroled to relatives and making reports as to conditions found, and visiting and reporting after the patient is at home, endeavoring to carry out any home treatment outlined.

There is a class of patients in our hospitals for whom much could be done by the establishment of a home under suitable supervision. These are patients who are afflicted with a recurrent type of insanity, who for months are as normal as one who has never been afflicted, who might go and come and be wage-earners during this period, but who have no homes or relatives who are willing to assume the responsibility of their parole. Therefore they remain year after year in hopeless confinement, as in this form of mental disorder permanent recovery is rare. An example of this is Mrs. J., a patient in a state hospital for fifteen years; her longest period in a normal state has been one year, her longest period of disturbance six months. An educated, charming woman with a capacity for enjoyment which is unusual, she has a very small income, only enough for a few luxuries in the hospital. There is no one sufficiently interested to care for her and she is unable to care for herself. In such a home she could be helpful and happy while sane; under observance she could be returned to the hospital when the abnormal state began to develop. What this would mean may be illustrated by the description of her enjoyment of a day spent in the city.

One of the nurses asked permission to bring her to Chicago. The morning was spent visiting the shops. At noon several friends of the nurse were invited to lunch with them and afterwards to attend the matinee. Aside from the nurse, no one knew she was a patient in a hospital for the insane. In her quiet way it was apparent that she was enjoying it all, but how much was demonstrated months later when in the wards of the institutions, she said to the nurse when she heard the Chicago train whistle, "I never hear that but I say to myself—there goes my perfect day."

It is only by talking to the patients who have been committed that one comes to a full realization of the shortcomings of our present methods and what some few improvements might mean. Careful study shows that the fault is not with the individuals who have to do with the insane, but with the system. The individuals realize its shortcomings and they are doing all in their power to help.

In this connection mention should be made of Judge John E. Owens, county judge of Cook County, before whom all cases of questioned sanity in this county are tried, who has done an immense amount of good by his manner of conducting this court, never losing sight of the

fact that the individual is a patient in his care and dealing with him and his friends accordingly, but the difficulty is that whereas, if a stranger meets with an accident or is physically ill, he is placed in a carriage or ambulance and taken to the hospital, but if he is believed to be mentally ill, the usual course is to place him in a patrol wagon and take him to the nearest police station, where he is placed with criminals and must remain for hours, and maybe days, until he can be examined by a city physician. Then again the police and the patrol wagon to the detention hospital, there to await trial. The effect of all this on the sick brain is impossible to determine and might be avoided if a carriage or an automobile could be provided with an attendant on call for this service. However, it is not only the stranger who suffers through methods employed. Relatives of the patients with the best possible intentions often do much harm by practising deception in getting the patient to the hospital. This the patient seldom forgets and it gives him something tangible upon which to hang his delusions, especially if he already has ideas of persecution. The insane are individuals and will more often than not respond to courtesy and fair treatment.

An instance of this came under our observation a short time ago. One of our nurses met a young woman patient at the train to accompany her to an institution. Her malady was of the recurrent type. The family had deceived her in every way to get her to the train. When in the train the nurse gently told her where they were going and why. She was very bitter because she had been deceived, but she went quietly. When the hospital was reached she was anxious that the nurse should remain with her through the night. This, it was explained, was impossible, but the nurse promised to see her in the morning. The next morning, when the nurse called, the patient fairly wept, saying, "You meant it; you told me the truth. I can now always have someone to trust."

We have been able to have one patient come to trial and take his own papers and present himself at the institution. This patient had had parole of the grounds of the institution where he had been placed, and one day walked away. He got on fairly well for a time at home and was discharged. Within a few months it became impossible for his family to care for him. He would wander away and they feared some harm would befall him. He did not want to return to the institution but was persuaded to go in the way described, as he would not be humiliated.

Miss Julia Lathrop in an article recently published in the *Survey*, says: "It is in that critical moment of commitment, of withdrawing

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from the patient—often reluctant or suspicious or violent—his most precious possession, his own right of self-direction, that we need most of all to emphasize the doctor and the nurse, and to substitute the hospital for the prison." It is toward this end that we are working and all help is keenly appreciated.

CONVALESCENCE

By HARRIET CAMP LOUNSBURY, R.N.

Charleston, West Virginia

ONE frequently hears the private duty nurse deplore the necessity of her remaining with a patient during convalescence. "I wish," such a one would say, "that I never need stay with a patient after the temperature has been normal for ten days," or, "I do not mind the first two weeks of an obstetric case, then there is something to do, but after that I am ready to leave," or again, "When my patient is ready to go out driving, I always wish she would drive me home; half-sick people are not to my taste." I have often wondered if this feeling is not caused by the atmosphere of the hospital which has, during training, been the nurse's home,—the hospital, where the patient leaves at the earliest possible moment of recovery, to make room for someone else. The pupil nurse gets used to the excitement of critical illness, used to the hard work of constant watching and fighting for the patients' lives, and that, and only that, it seems to her, is nursing. So when she goes to her private cases, and her patient has a long period of convalescence, she feels out of place, she does not seem to be doing what she was trained to do, and she frets over it, until some happy day when the doctor releases her, and she is at liberty to go once more to some one who is at death's door.

Nurses seem to feel that caring for a convalescent is not "nursing," but there they are mistaken. After a serious illness it takes a long time to restore the patient to perfect health, some function may need the close watching which only trained eyes can give, and it is not beneath the dignity of the nurse to remain, and keep watch until every part is once more in perfect working order. Many nurses feel that it is not nursing to amuse a patient, but it is nursing to help him on to the healthy plane from which he has fallen, to play games with an invalid and to watch him, to read with him, and to watch, to walk or ride or travel with him, and to watch, always to watch, that the dreaded symptom does not appear, that the one part which still needs care gets it.

A surgeon does not spend all day, every day, with his gloves on, and his scalpel in his hand; he is not *always* operating, or even arranging for operations; he can find time to see patients, to sit and talk with them, to advise them, to cheer them, even to tell funny stories to them, but all the time he is watching them. A lawyer is not always pleading in the court room, a clergyman is not forever in the pulpit. The lawyer when talking to his client is just as truly a lawyer; the clergyman, when visiting his congregation, is just as truly a clergyman,—the sermon on Sunday is the climax, if I may so express it, of his week's work. The lawyer's speech to the jury is the point to which all his efforts tend after, perhaps, weeks of preparation. So the convalescence of a patient is the post climax of the nurse's undertaking. She begins with the climax, severe illness, operation, or obstetric case, whatever it may be, gradually the stress lessens, the whole atmosphere of the house becomes natural as the patient progresses toward recovery; but the process is not complete, and the nurse's work is not done until the doctor pronounces her trained care no longer necessary; then she may go, and feel that her work has been thoroughly done—no small comfort surely.

I wish I could show my young sister nurses how good *for them* this period of the patient's convalescence might be. The delightful rest of regular sleep, and regular meals comfortably eaten at a table instead of in solitude from a tray, the opportunity for regular exercise—these things come as a real luxury when one has been nursing a critically-ill patient, and anxiety has been with one, night and day. This is the period when the nurse's nerves, strained to their utmost, can regain their tone, where the responsibility borne by the doctor and shared by the nurse is not so great a weight, and the knowledge of one more victory over death, one more human life saved, gives a joyousness to the day that it is good to experience.

The satisfaction of knowing that by your help the patient has come, perhaps, from the gates of death; the pleasure of noting day by day the return of healthful sensations, the gradual ever-growing desire to once more take his accustomed place in the life work that has been interrupted—all these are missed by the nurse who flies from convalescents.

May it not be that the change in occupation has something to do with this unwillingness to remain with a patient when he is convalescing? When a temperature has to be taken but once a day, or when the doctor only makes visits twice a week, when all the routine of the sick-room gives way to a more natural atmosphere, many nurses do not feel at ease, they do not read aloud pleasantly, they do not care for books, and, if the

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patient asks for this amusement, the reading is a torment to the nurse, and I imagine it does not afford much pleasure to the listener. A nurse once gave me a graphic description of her efforts to read "*Romola*" to a convalescent typhoid patient. The poor nurse knew nothing of Florence or of the Italian language, and her struggles over the foreign words in that book must have been funny enough. Her patient was not much edified—of that I am certain. If a nurse does not read aloud understandingly, she should make every effort to learn. She thereby increases her usefulness, and makes herself more acceptable to her patients. She adds to her own value. She is worth more. No nurse can tell when this method of passing the weary hours will be required of her as it is almost certain that a patient of intelligence will ask for some mental refreshment.

Another pleasant way to pass the weary hours of convalescence is by playing games with your patient. I am sure no training school for nurses has added the study of cribbage, pinochle, bezique, chess, checkers, backgammon, or dominoes to its curriculum. All these are two-handed games, the playing of which will help the convalescent to forget himself and his past illness and present weakness. The nurse, if she knows only one game that is unfamiliar to the patient, gives him new thoughts while she teaches him, and it is quite astonishing how much pleasure such simple things can give both to teacher and pupil. I would suggest that nurses in their club houses or homes could profitably fill some vacant evenings practising these two-handed games. I am sure they would never regret the time so spent.

If the convalescent is a woman, the means of amusing her are more varied and more congenial perhaps. In addition to reading aloud and playing games, there is the vast realm of "fancy work," where most women feel at home. It is a pity so few nowadays know anything about knitting, crocheting or tatting,—many do not even know which is which. A lady asked me very innocently, not long ago, how I could tell the difference between knitting and crocheting! Since Irish crochet has returned to favor, many women have once more taken up their crochet needles. The nurse who can deftly turn her hand to these dainty arts, and can teach them to her patient, or any of the patient's family, has the means of making herself a very acceptable companion, apart from her nursing skill. Embroidery is very fascinating, and appeals to every woman. A dainty little garment for your patient, embroidered while you watch her return to health, will be long treasured by her. For a nurse, what art, what accomplishment can she have that will not help some poor invalid, that will not shorten the weary hours for some

sick body, or bring consolation to a weary soul? A perfect nurse is one who brings comfort to her patient. It is because trained nurses bring more comfort that they have replaced the old style nurse; the more comfort the nurse brings, the more successful she is. The ability to talk well, when talk is needed, to read well, to amuse understandingly, to wisely meet each need of the invalid as it presents itself, this is to be the ideal nurse.

THE CENTRAL NURSING COLLEGE

By DONNA G. BURGAR, R.N.

Superintendent of Nurses, Memorial Hospital, Worcester, Mass.

IN the September issue of the *AMERICAN JOURNAL OF NURSING*, there was a timely article in the editorial comment on the "Eight-Hour Day and the Central Nursing College." There should be a central nursing school, a place where the young student nurse could go and receive proper instruction under the proper instructors. Theory and practice should receive equal emphasis in the curriculum, and a splendid foundation could be given in a year's study, when the student nurse would be prepared for the bedside practical work and instruction in the hospital.

The present outlook indicates that the best way to establish central schools would be for neighboring hospitals, in the cities, and perhaps in the state, to co-operate and endeavor to establish something of the kind in their own community. The beginning would probably be small, as the expense of establishing and maintaining such a school would have to be assumed by the trustees of the hospitals, some college, or through an endowment. Of the three ways, the endowment seems the most promising, for with financial support assured, the trustees and superintendents of hospitals and the principals of nurse training schools would be more willing to co-operate.

It has been said that the women desirous of becoming nurses could not attend such a school, because of the tuition fees and the cost of maintenance during the year, but practically every young woman applying for training at a hospital could be advised and influenced to wait a little longer and do some work which would give her enough to put herself through, or a special benefit fund could be kept where a nurse could borrow enough to keep herself during that year. The first year would thus be taken care of, and the second would be spent in the hospital, getting the practical side of the nursing work, which is an absolute necessity for the training of a nurse and always will be.

This second year should be taken care of by the individual hospital, giving the student nurse such maintenance as can well be afforded, without a wage, of course, as the nurse is still a student during the second year of her training. Finally, the third year ought to be of mutual benefit to the student nurse and to the hospital, and the trustees of the hospital should realize that they have a splendid nursing equipment, and be willing to give to the young women who are all but ready to graduate a small living wage, enough to make ends meet in the living problem which each individual must work out for herself.

If this scheme for the three years were carefully thought out, it would mean practically no increase in the cost of the maintenance for the hospital of a large body of women to care for its sick and, if properly presented to a board of trustees,—all business men, quick to appreciate the business aspect of problems—they would see the wise solution of what is a worrying, harassing burden, and their sick would be cared for economically and ideally. As it is now it requires the utmost diligence and tact on the part of every president of a board of trustees, the superintendent of the hospital, and the superintendent of nurses, to keep things running smoothly and well for hospital patients and training school.

Superintendents of nurses should appreciate the fact that the future moulding of the nurses' curriculum in the individual hospitals will often rest upon them, and they should be thinking and looking ahead, preparing for problems that must surely confront them in the education and maintenance of an ideal nursing school. Let us bring our difficulties, our hopes, our ideas to the superintendents' meetings, and quietly and frankly discuss the present and thus build for the future.

THE OPPORTUNITIES AND NEED OF NURSES TRAINED FOR SOCIAL SERVICE IN SMALL CITIES *

By ANNA M. MCGEE, R.N.

Graduate of St. Mary's Hospital, Brooklyn

UPON visiting the schools in Schenectady several years ago it surprised me to find conditions here similar in a small way to conditions existing in New York City on the east side. I then resolved to put

* Read at the Tenth Annual Meeting of the New York State Nurses' Association, Albany, October 19, 1911.

into practice the advice given me by Miss Wald while at the Henry Street Settlement. When I was about to leave for home, and told her how much I regretted being obliged to leave the Settlement and the social service field, she said, "Well, if you must live in the country, and like this work, why not do it there? I am sure there is plenty and you are needed as much there as here, only you must find the way to reach it." All that is necessary to say is that her prophecy has been fulfilled.

In the schools there are many foreign children, and knowing how impossible it was to teach them hygiene in any but a practical way, I realized that this was the work for me to do.

Visiting the mayor I told him of the work being done by Miss Rogers in the New York City schools and how much the work was needed here. The mayor thought well of the proposition and on March 4, 1907, assigned me to duty in the city schools.

As the work was in an experimental stage and there was no money appropriated to meet these demands, I used my home as headquarters the first year, furnishing stationery and medical supplies.

Upon starting routine inspection, many children were found needing treatment, and no dispensary was available but one in connection with a day nursery which was situated in the heart of the school district. Visiting this institution I asked them if they would co-operate in caring for the school children. They immediately changed their clinic hours, opening from 12 to 1, so that the children would lose little, if any, school time. On continuing my inspections many children were found with defective spines, and knowing there was no place in the city giving corrective treatment, I again turned to the day nursery and asked them if they could help. The matron took the matter up with the board of managers and within three months' time she had given up her private room for this purpose, the board of managers had engaged an orthopedic nurse, a graduate of Dr. Sargent's School of Boston, and furnished the necessary apparatus, and the children were receiving corrective treatment under medical supervision.

This day nursery also opened an eye clinic to which the children were sent, but my greatest difficulty was in obtaining eye-glasses. The Woman's Club, the Charities Association and many individuals assisted, one doctor giving fifty pairs, until the past year when the Commissioner of Charities took charge of this work.

Schenectady being an industrial city, during the financial depression of 1907 many poor children were found suffering from hunger. I

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succeeded in having milk and crackers donated and lunches were provided for the children at recess time, the principals and teachers gladly seeing that they were served.

Clothing was also needed for many of the poorer ones which was supplied by the principals in the well-to-do districts who asked the children to bring clothing which they were no longer in need of to school and then had it sent to the schools where it was most needed for distribution. The most remarkable features of the work were the willingness with which the children brought this clothing and that not a principal or teacher in the schools refused to help, even the truant officer assisting in obtaining and distributing relief. In 1908, the Charities Association was organized and helped in this work.

The second year, two medical inspectors were appointed, and the third year an additional nurse was placed in the field.

From the beginning my aim was to bring this work up to the standard set in the New York City schools, but I was unable to do so owing to the fact that two nurses were obliged to care for more than eleven thousand children, while in New York City, upon visiting Miss Rogers, and later Dr. Baker, I found that the average number of children per nurse was between two and three thousand. However, the Health Department is anxious to reach this standard, and have asked that money enough be appropriated another year to place at least two more nurses in the field.

The teeth of the children were examined and arrangements made at the day nursery to care for the most needy ones. This unique day nursery is now planning to build, and the building will be a children's hospital and day nursery in which will be a modern dental clinic.

Having cared for those defects in the children, there was still the problem of the tubercular ones. At that time the Red Cross was urging me to start a local branch and wrote me saying that they were about to take part in fighting the "Great White Plague." At once I became interested, thinking in this way I might be able to care for those children. Communicating with the Red Cross representative, arrangements were made for a meeting at which he was present, and plans made for a permanent organization which took place February 12, 1908. Plans were then made to raise funds to start a day camp which were duly carried out, and the day camp was opened on June 29, 1908, and proved to be the first day camp in America under the Red Cross.

The second year, the camp opened May 18 as a day and night camp, remaining open until the middle of December when the county officials

were prevailed upon to co-operate in the work, being urged in the meantime to assume the entire responsibility.

Last May the Red Cross withdrew, the county having appropriated thirty-five thousand dollars for a county tuberculosis hospital, which is now being built, and known as Glenridge Sanatorium. In this work the nurses played no small part, the supervising nurses, both the first and second years, making numerous sacrifices and enduring many hardships, many of the graduate nurses of the city giving their services, and the pupil nurses from the hospital being allowed to contribute their share. The nurses also assisted in raising funds on tag day, at garden parties, concerts, and with the sale of Christmas stamps.

Shortly after the organization of the Red Cross, the State Charities Aid, in co-operation with the State Board of Health, started a splendid campaign in the crusade against tuberculosis, and our health officer being very much interested the direct outcome of this was the establishment of a municipal tuberculosis dispensary which opened June 23, 1908, five days before the day camp, which gave us many of our first patients. In connection with this dispensary was placed a visiting nurse, and the system adopted was educational and preventive as well as curative. This dispensary stands as a clearing-house for the tuberculosis work of the city, transferring to the day camp, tuberculosis hospital, and visiting nurse service such patients as need their care. This nurse has distributed thousands of pamphlets upon tuberculosis, its prevention and cure, sputum cups, and gauze handkerchiefs. She also obtains food, clothing, and bedding for needy cases, and last winter entered a contest given by one of the local stores for the charities of the city in which the dispensary won several hundred dollars which they used for paying rent or in whatever way it was most required. This dispensary, the State Charities Aid, and the Red Cross were the factors that showed the need of and obtained the County Tuberculosis Hospital.

The Schenectady Charities Association established a visiting nurse service for the poor of the city in 1910. They maintain a loan closet and furnish whatever relief is necessary.

After having found a plan to care for the tubercular children, I turned to preventive work and was told by the Health Officer that he would consider working for an open-air school if I could find enough children whose parents would allow them to attend. In a few weeks I selected sufficient children who upon being examined by the medical inspectors were found to need the open-air treatment and whose parents gladly consented to their attending an open-air school. Thinking the

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Red Cross might help us to solve this problem, the health officer called a joint meeting of the local branch and the Educational and Health Departments. Upon communication with the state branch of the Red Cross we were informed that tubercular work was no longer its function.

This year the school nurses and doctors again took up this work and the Health and Educational Departments in co-operation with the Charities Association succeeded in bringing the open-air school into existence. The school nurses had charge of this work, and we have one of the best open-air schools in the state.

About a year ago the Metropolitan Life Insurance Company wished to extend its visiting nurse service to their policy holders in our city, preferably with a nursing association. Seeing the possibilities in this service, I took the matter up with the Nurses' Club which allowed me to start the service with its co-operation. Many of the nurses being dissatisfied, thinking this was not their purpose of organization, those interested started a visiting nurse association and here is where I met my "Waterloo." I thought that this group of nurses would gladly take over the work, but the majority could not see what benefit was to be derived from it, and I was obliged to take up this service alone. Only then did I realize that nurses in general do not have that broad social viewpoint which Miss Nutting says is so necessary and which would enable them to support, at least morally, a movement so great for human betterment.

In starting this service I found there was no nurse available with the required training and obtained an excellent one from out of town. This is no criticism of local nurses, but rather of the training schools, for those of us in the social service field know that hospitals with but few exceptions are not fitting their pupils for the work in this field. Their very atmosphere is repression and subserviency, where this field demands initiative and independent thought.

A few days ago I received a letter from the Metropolitan Life Insurance Company asking me if it was feasible to employ a good practical nurse on cases requiring more than twenty-four hours' special service, under the supervision and supplemented by a visiting nurse, thereby materially reducing the cost of caring for the sick. Realizing that this problem was one which I could not solve alone, I have brought it to you. However, one cannot take a social or economic view without seeing this vast body of untrained women caring for the industrial classes and against that, the industrial class with its millions needing care, without wondering if there is not some way by which such women might be

supervised and employed, thereby increasing their efficiency and bettering the social fabric on the whole.

Has not the time come for us to cease condemning short-term schools and the untrained nurse? Are they not all expressions of willingness to serve! Rather let us bend our energies to taking them under our care—the highly educated teacher of nurses in her sphere, the social service or health nurse in her field, the private or sick nurse, the assistant or attendant, each one graded according to her ability, even to the mother's helper, a woman trained to care for the home and keep the family together during the mother's illness. If the nursing college is the solution of this problem, then let us no longer listen to our leaders pleading for them but rather let us urge them forward and pledge to help them.

Seeing the needs of the Metropolitan Service and the lack of support given it I resigned from the school work to enter this field. During the year we cared for 620 cases, making 4784 visits, and giving special nursing service in thirty-nine cases. Mere figures can give us no idea of the educational and social value of this work.

Other activities were a class in home nursing in the Woman's Club, we holding our lectures and classes in Silliman Hall, Union College, a class for Italian Mothers who were instructed in the hygiene of childhood, also classes at the Young Woman's Christian Association, and during the summer a Little Mothers' League. In small cities we do not lack opportunities; our great need is for nurses educated for this field.

INSOMNIA

By ANNE E. PERKINS, M.D.

IN this age of tension and high pressure one hears so much of sleeplessness that it behooves us to consider some of its causes and remedies.

Over and over again I hear people say, in a matter of course tone, that they take veronal or trional or sulphonal powders to make them sleep, or that they are so nervous that they must take some bromide or a sedative tablet,—this as casually as if it were a drink of water. Once the habit is begun, it is most difficult to break off. A surprisingly large number become addicted to the use of hypnotics. If they do not go to sleep readily, there is a convenient powder at hand, and they are

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impatient and think "What's the use—I shan't go to sleep to-night if I don't take something," and down goes the powder! They have no idea of the real nature of the drug taken, or its action on the brain-cells and depression of the heart and whole system. Most of us have a bad habit of taking to bed with us the events and worries of the day past and of that to come, living them over, or planning for the next day's work. The mind teems with thoughts of what we must do "the first thing in the morning." The entire day is mapped out, with mental reservations not to forget this or that.

If we go to sleep with our heads full of the day's work or worry, sleep is restless and full of "occupation-dreams,"—consequently unrefreshing. It is a poor plan for the physician to think over his cases, the minister to write his sermon, or the housewife to dwell on her problems. Often, bedrooms are much too small, the best rooms are taken for use during the day and the bedroom may be a curtained alcove without sufficient air or light, or a room used during the day and too warm or containing stale, tobacco-laden air when bed-time comes.

In investigating insomnia and its causes, I always find out first if the sufferer sleeps with the window open or shut, with the temperature over 60°, with a light, if any of the day's clothing is kept on, if the bedding is too heavy, or so light that the feet are cold, if there are too many pillows; if bed-time comes too late or too early, at what time the last meal was taken and of what it generally consists, *i.e.*, if late indigestible dinners are eaten,—also how evenings are spent—if at a tense card-game with too much excitement, if coffee is taken at the last meal, if there is flatulent indigestion or constipation (both prominent causative factors), if the individual is too much in-doors and exercises too little. Any and all of these things are important and frequent causes.

Frequently it is largely a nervous fear or habit and one turns and tosses incessantly until the bed is in disorder, jumps up to get a book and read, or becomes very depressed and hopeless. Some fall asleep only to wake in a few hours, unable to go to sleep again, others lie awake until nearly time to get up before falling asleep at all.

They are so anxious to get to sleep, so apprehensive lest the day find them worn out and unfit for duty, that sleep is driven away. They consult their watches and see that it is 2 or 3 A.M. and they are still wide awake, or the striking of the clock appalls them with the lateness of the hour. Many lie tense, jaws shut tightly, hands fairly clenched,

unable to relax, and perhaps frantically count the classical sheep over the stile or try to repeat poetry or the prayer-book.

Sometimes a glass of hot milk or cocoa, with crackers, taken slowly at bed-time, is helpful. Warm baths soothe some (and wake others), massage, gymnastics, or a brisk walk out of doors before retiring. But one must not depend too much on these things—and the habit of getting up to smoke or read should not be too often indulged in. It is better to be indifferent to sleep—if conditions are right for it, not to worry, for the more one pursues it the more it eludes,—to remember that no one suffers half as much for the loss of it as is popularly supposed. If one can think—"Never mind, let it go, sleep will come, and if I don't sleep to-night I shall sleep all the better to-morrow night," and let the mind be calm and tranquil, sleep will come. Deep breathing persisted in often brings sleep.

Association tests are helpful. For instance, think of some word, and idly follow out the resulting train of thought. See what word or phrase or scene the first suggests to you and what that in turn brings to memory, and while we dwell on these, the anxious fear changes to dreamy reminiscences and the first thing one knows he is drifting softly to sleep. To illustrate,—ocean may suggest ship, and you recall your first ocean voyage,—the new and unbeholden seas, all the novelty of the trip, the dawns and sunsets, the people you met and any subsequent acquaintance, the dinners, dances, the foreign shores, Gibraltar, Capri, Azores, Naples. Any word may be taken and this test followed,—it is often interesting and surprising to see what will be suggested. June brings to mind roses, bobolinks, fields of billowing buttercups and daisies, buds, flowers, some poem, a pleasant trip, one can visualize a beautiful forest vista or country road.

Let us be able to say truly:

"I have so many joys. One joy of lovely sights
That down my days defile and dream along my nights,
My soul is like a room with mirrors all set round,
When *Beauty*, once beheld, hath infinite rebound,"—

and sleeplessness will have no terrors for us.

No. 1.*

Room

Name

Address

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Disease

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School

Family

Dental

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SCHOOL NURSING IN TORONTO, CANADA

By LINA L. ROGERS, R.N.
Superintendent of School Nurses

FOURTH PAPER

(Continued from page 209)

CARDS AND CHARTS

No. 1.*

PUPIL'S REFERENCE TO MEDICAL INSPECTOR

Room Teacher 191.....
Name
Address
Referred to Medical Inspector.....
.....
Disease
Referred to Family Physician
Hospital or Dispensary
School Nurse
Family Dentist
Dental Clinic

Medical Inspector.

No. 2 (yellow card).

PARENT'S NOTIFICATION

Mr..... 191.....
Dear Sir:—I have this day examined.....
.....a pupil in.....School,
and find that....he has.....
You are urgently advised to take your child to your family physician for
treatment. Have card signed and return to school.

.....
Principal Medical Inspector
I have examined the above named child and have begun treatment.
.....
Dispensary Physician Family Physician
.....191.....
.....
Family Dentist

* Each card or chart has the heading: Board of Education, Toronto, Department of Medical Inspection.

No. 3. PARENT'S REQUEST TO NURSE

The parent or guardian of.....
 living at
 requests that the School Nurse take said child to a hospital or dispensary for
 treatment.
 Name of parent or guardian.....
 Address
191.....
 School Nurse

No. 4. REQUEST FOR CONSULTATION

.....Public School
 To parent or guardian of.....

 Examination of your child by the School Medical Inspector shows that...he
 needs medical attention.
 Please call at school at.....o'clock
and see the
 School Nurse.

 Medical Inspector.

 Principal.
191.....

No. 5. PARENT'S REQUEST TO MEDICAL INSPECTOR

.....191.....
 I hereby authorize Dr.....Medical Inspector
 to vaccinate

 my child or ward.

 Parent or Guardian.

VACCINATION IS NON-COMPULSORY.

No. 6. INSTRUCTIONS TO PARENTS

TO REMOVE AND PREVENT VERMIN IN THE HAIR

Mix thoroughly equal parts of kerosene oil and sweet oil. Saturate hair
 and cover the head with a towel, for at least six hours.

Remove towel and comb hair thoroughly with fine tooth comb. Finally
 wash with plenty of hot water and castile soap. A teaspoonful of washing soda
 (sodium carbonate) added to each quart of water will aid in removing the oil.
 Rinse well and dry the head carefully.

The above treatment will prevent nits.

All school children should have their hair combed daily with a fine tooth
 comb.

No. 7 (orange card).

REPORT OF SUSPECTED CONTAGIOUS DISEASE

School.....	191.....
Address	
Name.....	Age.....
Excluded for suspected.....	
Result	
.....	
<i>Medical Inspector.</i>	

No. 8 (blue card).

PUPIL'S EXCLUSION

		191
School.....	Room.....	
Name.....	Age.....	
Address		
Is excluded from school until.....		191
Reason		
(See other side.)		Medical Inspector.

Reverse of blue card.

NOTICE TO PARENTS

The disease mentioned on the other side of this card is a contagious affection, and liable to be transmitted to other children.

The child must not be allowed to play with other children.

All children IN THE SAME HOUSE are excluded from school for the same time as this child, unless one of them develops the disease; in such case all are excluded for.....weeks from the beginning of the last one's illness.

The child should return to school after the quarantine card has been removed from the house, or on.....191...if the house has not been quarantined, for re-examination by the Medical Inspector.

If found free from disease....he may return to the class-room.

No. 9 (red card).

NURSE'S REPORT TO DENTAL CLINIC

191

This certifies that

is recommended to the Dental Clinic for free treatment.

.....
School Nurse.

No. 10a

MEDICAL INSPECTOR'S RECORD

Name.....		
Address.....		Age.....
School.....		Class.....Date.....
1	DEFECTIVE VISION	GLASSES
		MEDICAL
2	EYE DISEASE	
3	DEFECTIVE HEARING	
4	EAR DISEASE	
5	DEFECTIVE NASAL BREATHING	OPERATIVE
		MEDICAL
6	HYPER-TROPHIED TONSILS	OPERATIVE
		MEDICAL
7	ENLARGED GLANDS	
8	PULMONARY DISEASE	
9	CARDIAC DISEASE	
10	CHOREA	
11	EPILEPSY	
12	ORTHOPEDIC DEFECT	MEDICAL
		PHYSICAL CULTURE
13	MALNUTRITION	
14	VACCINATION	{ PRIMARY REVACCINATION
15	DEFECTIVE TEETH	EXTRACTION
		FILLING { PRIMARY SECONDARY
16	DEFECTIVE PALATE	
17	CHRONIC SKIN DISEASE	

MEDICAL INSPECTOR

Inspector must forward this slip to Department of Medical Inspection when case is terminated.

No. 10b

NURSE

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No. 10b

NURSE'S RECORD COPY

NURSE	Name.....				INSPECTOR
	Address.....		Age.....		
	School		Class.....Date.....		
TERMINATION					
1	DEFECTIVE VISION	GLASSES			1
		MEDICAL			
2	EYE DISEASE				2
3	DEFECTIVE HEARING				3
4	EAR DISEASE				4
5	DEFECTIVE NASAL BREATHING	OPERATIVE			5
		MEDICAL			
6	HYPER-TROPHIED TONSILS	OPERATIVE			6
		MEDICAL			
7	ENLARGED GLANDS				7
8	PULMONARY DISEASE				8
9	CARDIAC DISEASE				9
10	CHOREA				10
11	EPILEPSY				11
12	ORTHOPEDIC DEFECT	MEDICAL			12
		PHYSICAL CULTURE			
13	MALNUTRITION				13
14	VACCINATION { PRIMARY REVACCINATION				14
15	DEFECTIVE TEETH	EXTRACTION			15
		FILLING { PRIMARY SECONDARY			
16	DEFECTIVE PALATE				16
17	CHRONIC SKIN DISEASE				
CONSULTATIONS					Terminated 19
HOME VISITS					
DISPENSARY					

NURSE

MEDICAL INSPECTOR

Nurse must forward this slip to Department of Medical Inspection when case is terminated.

DAILY REPORT

No. 12

.....191.....

..... School Nurse.

Time	SCHOOL	Inspections		Cases	SUSPECT EXCLUSIONS						INSTRUCTIONS AND TREATMENTS												TOTAL		VISITS	
		Instructed	Treated		Diphtheria	Scarlet Fever	Measles	Chicken Pox	Pertussis	Parotitis	TOTAL	Tuberculosis	Pediculosis	Acute Tonsillitis	Acute Conjunctivitis	Trachoma	Ringworm	Scabies	Impetigo	Favus	Carcous Teeth	Miscellaneous	Instructions	Treatments	Home	Disc.
		Instructed																								
		Treated																								
		Instructed																								
		Treated																								
		Instructed																								
		Treated																								
		Instructed																								
		Treated																								
Found Dur-																										
ing Visits																										
TOTAL																										

REVERSE OF No. 12

VISITS

.....
School Nurse

No. 13

Class.....

[illegible]

PUPIL'S PHYSICAL RECORD

No. 15 (blue)

191

Name Born Nationality of Father Medical Inspector,
 O placed in square means absence of defect; X denotes defect. Mother

	1	2	3	4	5	6	7	8	9	10
1. School Year	1	2	1	2	1	2	1	2	1	2
2. School Term										
3. Class										
4. Date of examination										
5. Diseases during term										
6. Vaccination { Primary										
Re-vaccination										
7. Defective vision										
8. Defective hearing										
9. Defective nasal breathing										
10. Hypertrophied tonsils										
11. Defective teeth										
12. Defective palate										
13. Enlarged glands										
14. Pulmonary disease										
15. Cardiac disease										
16. Chorea										
17. Epilepsy										
18. Orthopedic defect										
19. Malnutrition										
20. Height										
21. Weight										
22. Chest measurement										
23. Mentality										
24. Miscellaneous										
Record of treatment obtained										

PUPIL'S SCHOOL RECORD

Reverse of No. 15 (blue)

Employment Certificate No.

Employment Certificate No.

Attended.....days from 13th birthday to end of term.

[illegible]

No. 11.

NOTIFICATION OF CONTAGIOUS DISEASE

Toronto,.....191....

Principal.....School.

We have been notified by the Board of Health that there is a case of
.....in.....School district.

Patient's Name.....

Address.....

W. E. STRUTHERS, M.D.,
Chief Medical Inspector.

BELIEVE IN SUCCESS

(From George Lawrence Parker's "Simple Thoughts on Great Subjects" in November *St. Nicholas*.)

No thought is quite so big as the thought of success; nor does any idea keep after us quite so persistently. It will not do to deceive ourselves by saying that we do not care for success. That will not do at all. So, right after the beginning of our talk together, let us say at once that we believe in success, that we cannot entirely trust the people who say that success make no difference, and even if we fail in many things, nevertheless we want our very failures to be successes. We may say it is better to have tried and failed than never to have tried at all, and in saying that, we still have at the bottom of it the real idea of success. The same thing is seen in that well-known line of Robert Browning's, "Not what a man does but what a man would do—that exalt him." That is, success holds on to a person who really holds on to success, until it finally raises him to its own level. The appearances may show failures and half successes, but success finally crowns the man who holds fast. We reach our "would-do."

THE RED CROSS



IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of National Committee on Red Cross Nursing Service

EXTRACTS FROM A REPORT PRESENTED AT THE ANNUAL MEETING
OF THE RED CROSS BY THE CHAIRMAN OF THE NURSING
SERVICE COMMITTEE, JANE A. DELANO

MUCH interest in the Red Cross has been evinced by nursing organizations throughout the country, and we now have 31 state committees on Red Cross Nursing Service, with 81 local committees engaged in the actual work of enrollment. There are on these committees nearly 600 representative nurses, many of them being superintendents of our leading training schools. Our total enrollment of Red Cross nurses to date is 2488, and of these 759 have been enrolled during the past six months. The committees are widely distributed, representing all sections of the country, from New Hampshire on the north to Louisiana on the south, and west to California, Oregon, and Washington on the Pacific Coast.

The present activity of committees is not fairly shown by the total enrollment, as in some instances nurses had been enrolled by Red Cross chapters previous to the organization of the present Nursing Service, and, as far as possible, these have been included in making up the total. This is notably true in New York City, Cleveland, San Francisco, the District of Columbia, and Philadelphia. The following is a list of total enrollments in cities having more than twenty-five nurses enrolled: New York City, 287; Brooklyn, 171; San Francisco, 148; Chicago, 117; District of Columbia, 110; Buffalo, 78; Philadelphia, 78; St. Louis, 70; Detroit, 57; Cleveland, 51; Kansas City, 49; Cincinnati, 37; Rochester, 31.

The following committees have enrolled twenty-five or more nurses during the past six months: Boston, 108; Buffalo, 78; Philadelphia, 64; Detroit, 63; St. Louis, 61; Brooklyn, 58; New York City, 57; Kansas City, 47; Chicago, 42; Cincinnati, 32; Baltimore, 31; Cleveland, 25.

In appointing headquarters where lists of enrolled Red Cross nurses

are kept on file, we have endeavored to select when possible a central directory or the office of a hospital or training school where our nurses may be communicated with both by day and night. We have already appointed 42 headquarters for Red Cross nurses, 17 in central directories or registries for nurses, 21 in hospital or training school offices, 3 in private residences, and one in the office of the *AMERICAN JOURNAL OF NURSING*.

Last year the American Red Cross united with the American Nurses' Association and the *AMERICAN JOURNAL OF NURSING* in the payment of a salary to an interstate secretary to present these three nursing interests throughout the country. Isabel McIsaac, R.N., for many years superintendent of the Illinois Training School for Nurses, and widely known not only by her work as a teacher, but through her writings as well, was selected for this position. From October 1 to April 1, Miss McIsaac visited 54 cities, from the Atlantic to the Pacific, and addressed 81 assemblages of nurses. The entire expense of this lecture trip covering six months was borne by the nursing organizations which she addressed. This undertaking proved so successful last year that the same arrangement has been made for the coming year, and at this writing Miss McIsaac is travelling through Tennessee, Louisiana, and Texas. These lectures have served to strengthen the nursing organizations through which we must work, and have not only aroused an interest in the Red Cross Nursing Service, but have brought many annual members into the Red Cross as well.

Addresses on the Nursing Service of the Red Cross have been given in different localities by Mabel T. Boardman; Major Charles Lynch, U. S. Army Medical Corps; Col. L. M. Maus, Chief Surgeon, Department of the Lakes; Dr. Crile of Cleveland; Senator Lafayette Young of Des Moines, Iowa; Sophia F. Palmer, Editor of the *AMERICAN JOURNAL OF NURSING*; Katharine De Witt, Associate Editor; Mrs. Tice of Chicago, member of the National Committee on Red Cross Nursing Service; Mary C. Wheeler, member of the Illinois State Committee; Emma Nichols of Boston, member of the National Committee on Red Cross Nursing Service; Mrs. Charles G. Stevenson, secretary of the New York State Committee; Mrs. L. E. Gretter, chairman of the Michigan State Committee; Elizabeth Johnson, chairman of the Indiana State Committee; and Rachel G. Blanchard of Chicago.

The chairman of the National Committee has, during the past year, delivered addresses on the work of the Red Cross before state associations of nurses and other meetings in New York City, Brooklyn, Troy, Philadelphia, Boston, St. Louis, Cleveland, and Pittsburgh.

The local Red Cross Committee in Cincinnati has planned for a course of lectures on the Red Cross to be given by prominent physicians and nurses during the coming winter.

Realizing that only the best qualified nurses should be enrolled for Red Cross Service, certain restrictions have seemed necessary. These restrictions have not only made the nurses more anxious to qualify, but have reacted upon hospitals and training schools, many of which have signified their desire to raise their standard of training to meet the Red Cross requirements.

At the last meeting of the National Committee held in Washington, December 4, 1911, it was decided that every nurse enrolled for service under the Red Cross must be a member of an organization affiliated with the American Nurses' Association.

Believing that in order to do effective work there must be co-ordination of the various Red Cross activities, it was suggested by the National Committee that there should be appointed on the Red Cross Relief Committee of each institutional member an enrolled Red Cross nurse to represent the Nursing Service. Nominations have been submitted to all of the institutional members except two, and appointments have been made as follows: Cincinnati Associated Charities, Mary H. Greenwood, Jewish Hospital, Cincinnati, Ohio; Cleveland Associated Charities, Mary E. Gladwin, City Hospital, Cleveland, Ohio; Minneapolis Associated Charities, Minnie Patterson, Minneapolis, Minn.; New York Charity Organization Society, Florence Johnson, 129 East 17th Street, New York City.

ITEMS

THE following delegates from State Nurses' Associations were in attendance at the annual meeting of the Red Cross in Washington on December 4 and 5: Martha J. Wilkinson, Connecticut; Anna J. Greenlees, District of Columbia; Minnie H. Ahrens, Illinois; Julia C. Mackin, Massachusetts; Mrs. Lystra E. Gretter, Michigan; Margaret McKinley, Missouri; Carolyn Schmoker, New Jersey; Mrs. Charles G. Stevenson, New York; Harriet L. Leet, Ohio; Mabel Keifer, Oregon; Dr. M. Virginia McCune, West Virginia; Emma A. Katz, Wisconsin.

Members of the National Committee on Nursing Service who were present were: From New York, Mrs. William K. Draper, Sophia F. Palmer, Mrs. Charles G. Stevenson; from Washington, Jane A. Delano, Georgia M. Nevins; from Illinois, Mrs. Frederick Tice.

THE RED CROSS CAR

THE Red Cross Demonstration Car is now making a trip through New York State, and arrangements have been made for the Red Cross nurses to visit it. Dr. Shields is much interested in the Nursing Service, and most anxious to co-operate in every way possible. While the car was in Buffalo, Kate I. Kennedy, a member of the New York State Committee on Red Cross Nursing Service, jointly with the Buffalo Local Committee, arranged not only for the Red Cross nurses to visit the car, but for a lecture and practical demonstration of first aid to the injured at the Buffalo General Hospital, at which Dr. Shields told how to give first aid to cases of drowning, suffocation, shock by electricity, and injury from being run over by a street car. He also told what not to do. He expressed the hope that first aid will be taught in the public schools.

At Rochester, eighteen nurses visited the car and beheld with keen interest the various first aid devices,—cases, knapsacks, dressings, etc. Dr. Shields demonstrated the possibility of making a stretcher of two bars and two coats, and showed by photographs how he teaches classes of miners and railroad men. Most of the visitors to the car were enrolled nurses.

PROTEST AGAINST THE USE OF THE UNIFORM IN PUBLIC

IN Rochester a vigorous campaign has been carried on by the Red Cross nurses of the city in an effort to educate the public to discountenance the use of the nurse's uniform as a means of advertising Red Cross seals. When the letter from the Red Cross Committee at Washington was received, a special appeal was made at the meeting of the Monroe County Association, letters of instruction were sent to each enrolled nurse, the request was printed in each newspaper of the city, an appeal was sent to the mayor,—and Miss Palmer and Miss DeWitt, as members of the national and state committees, presented the matter to two women's clubs which were active in securing nurses to sell seals in public. Each member of the local committee pledged herself to speak to any nurse whom she saw wearing the uniform in public and to remind her that she was disregarding the wishes of the Red Cross officials.

NURSING IN MISSION STATIONS



[This department has a twofold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.]

REPORT OF THE SEVERANCE HOSPITAL TRAINING SCHOOL, SEOUL, KOREA

IN the last annual report of the Severance Hospital Training School, Miss Esther L. Shields gives the following interesting items: "The past year marks the giving of the first diplomas from our school, one in June, and three in February. There are now in the school two seniors, two middlers, one first year, and two probationers. Since last fall the Korean nurses, themselves, with Miss Kim as head nurse, have carried the responsibility for the Korean patients and much of the hospital work. I have specialized in some of the foreign cases and tried to be on hand for other work in which my help seemed to be needed. The so-called probationers have long since passed their term of probation, but on account of ill health have not been taken on as regular pupil nurses. It is hoped that further surgical help may fit them both to finish the course. A number of applications have come from young women who wished to enter the school, but nearly all were excluded by our regulations. Many were too young, some had home responsibilities, and others were not yet Christians. Whether we require too much of candidates or whether we only need to advertise among the churches the definite information of what we do require remains to be seen. Class work was carried on by Drs. Kim Pil Soon and Hong Suk Hoo, Nurses Bessie C. Kim, Kim Sihng Sung, and myself. Miss Wambold and Mrs. DeCamp gave Bible and English lessons whenever the nurses' time could be arranged for, but this work was very much interrupted. Dr. Avison and Dr. Hirst have been called on for much advice and much patience regarding the nursing staff. I hope that greater efficiency of the nursing staff may sometime reward them. Ko Si, our matron, is a great aid and comfort to me at all times, but particularly when there is need of pouring oil upon troubled waters, or difficult situations need to be handled. There have been calls to the Korean nurse to do district or hourly nursing,—in foreign homes, principally, for the giving of massage

and electricity, and to Korean homes to assist the Korean doctor in obstetric cases. I taught in two Bible classes for women, each class continuing through seven or eight days. Later, in a Normal Class, I gave several lessons in hygiene. The last experience, together with suggestions from the *AMERICAN JOURNAL OF NURSING*, quoting a "Labrador Catechism," and telling of "The Boston Health Education League," makes me wish for a "Health Catechism" for Korean women, in which the virtues of "clean air, clean water, clean food, clean bodies, clean clothes and clean houses" shall be emphasized, such lessons taught simply yet from a scientific standpoint, showing them how they may carry out the most important points in their own homes.

ITEMS

Spirit of Missions reports the following nurses recently appointed; some of them are already at work:

ALASKA.—Anna C. Eaton, recently superintendent of a hospital in the Canadian northwest; Lucinda J. Fast, formerly doing private nursing in Seattle; Alma R. Lewis, formerly doing private nursing in Chicago.

CHINA.—Bertha T. Jones, graduate of St. Luke's Hospital, San Francisco, appointed to St. James's Hospital, Anking; Anne F. Gordon, trained in New York City, did district work in Baltimore and private nursing in New York, was assistant superintendent of the Jamaica Hospital, appointed to St. Luke's Hospital, Shanghai.

THE PHILIPPINES.—Anne M. Ramsay, graduate of the Royal Infirmary, Edinburgh, has taken graduate work in the Maternity and Presbyterian hospitals, New York, appointed to the University Hospital, Manila.

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

NURSING IN AFRICA

MISS GLADWIN, who until recently was superintendent of nurses at the Woman's Hospital in New York, where she had a number of post-graduate students from all over the world, has sent us an interesting letter of African adventures from one of them, from which we make the extracts that follow:

RIVER ZAMBESI.

... I am on my way up this wonderful river by myself to nurse in a hospital where there are many cases of sleeping sickness. I am to be the only woman and shall be a great curiosity. The doctor is a Scot. I go for several days in this boat, then nine hours train, then six days or perhaps more in a machila (hammock on poles with an awning). . . . At the end of the train journey I shall stay a day or two at Blantyre. There is a large store there and I shall buy a number of things,—folding table, chair, bed, washstand, etc. At Mevera I am to stay for the time being in a house with several Mission School teachers. We each have to furnish our own rooms; dining-room and kitchen are given to us. After a time I shall probably live by myself. They give us an allowance of \$150 a year for food if we live alone. It is not a large sum, but some things are very cheap. Eggs are four cents a dozen, chickens four cents apiece, and a huge bunch of bananas six cents. You can get as much wood as a man can carry for a cup of salt or six needles. . . .

MEVERA MISSION, BRITISH NYASSALAND,

CENTRAL AFRICA.

... On arriving I had to go into two empty rooms, as the carpenter had not finished my quarters. I was told to send a list of the furniture I needed to the medical director of the company, but they threw no light on what I was to do in the meantime. The hospital had just been done up. No inventory had been kept for years. The utensils were all filthy and the pillows caked with dirt. No blankets. The small amount of linen in rags and of the color of pea soup. Every mattress was in holes,

the hair coming out. Everything needed paint, polish, varnish, or boiling. The natives thought me quite mad when I had cups put into a pan and boiled with strong soda. I went up every morning and washed and boiled all day long. I got a large stock of linen, made and marked it, made some wee pillows and knee rolls, and, greatest stunt of all, washed the horsehair, made new ticks and retabbed all the mattresses. . . . During my fifteen months I had 125 patients, and was alone excepting for a few nights. Sometimes a mounted policeman would come on duty for a night or two. When a woman came in, I remained in the room day and night. . . . It was hard work looking after the laundry, cooking, bread-making, etc. The native cases were usually bad, but one could manage them with a native ward boy better than the white patients. I taught a native to make beds, bandage, and wash patients. I always applied the dressings and fomentations myself. Book-keeping and stores took up spare moments in the evening. I also dispensed drugs. Did you know that I am a dispenser? The doctor often had to go miles away to perform autopsies on natives who had been murdered or killed in a beer-drinking fight. Then he would have to attend the nearest High Court to give evidence. It took eleven days to go and come, and during this time I might do anything! I really liked it. . . . The favorite native remedy for pneumonia is varnishing the chest. You can't imagine how very difficult it is to remove. I used to apply first hot alcohol and then a poultice, and the varnish would come off with the second or third poultice. Pneumonia is not as easy to treat in the tropics as in a colder region. The cases of black-water fever usually get methyl-arsenate of soda, in one-half grain doses every four hours; liq. hyd. pot. chlor. mixture every eight hours, and calomel, one-fourth grain every half-hour until emesis ceases. Champagne and strychnia are usually given them. Our cases did well. For four days and nights one must work over them. Some of the native cases are gruesome. After a bad "beerdrink" they come in with fractured skulls and horrible gashes. . . . I found that frequent sterile water irrigations and then a fomentation of sterile water was most successful. Filthy wounds healed up. . . . You taught me two things which I have found a blessing: first, the way to study, and second, the way to teach, which is a better way than any I have met with. . . .

DOROTHY SMITH.

ITEMS

THE first Isla Stewart Oration, delivered by Miss Cox-Davies in the Council Chamber of the Guildhall of London, with Mrs. Bedford Fenwick in the chair, was a profoundly stirring event in the nursing

world. It is customary in England for great men to be thus honored by the assembling of their loyal friends, but this is the first occasion of the kind in honor of a nurse. Miss Damer was present, also Mrs. May Wright Sewall, who came to the first international meeting of nurses in 1899; the Assistance Publique of Paris sent delegates and an eloquent letter of appreciation of Miss Stewart, and many other well-known workers shared in the ceremonial. Miss Cox-Davies gave a glorious picture of Miss Stewart, her broad, genial mind and deep vitality.

The nurses of St. Bartholomew's League have decided that the memorial to Miss Stewart, which has been under consideration since her death, shall be of an educational character, if possible to found one or more scholarships in connection with some women's college in England, where, it is hoped, the science course now existing may in time be enlarged to the lines of a Department of Nursing and Health.

THE *British Journal of Nursing* for November 18 has an article from Belgium describing the official opening of the training school for nurses in Brussels which is under the auspices of the hospital administration of that city, as the School for Nurses of the Assistance Publique of Paris is managed by the department of hospitals and charities in Paris. The new Brussels school was undertaken three years ago, but has struggled with many difficulties. Now that it has been inaugurated its promoters are hopeful of steady progress. The nurses have a home in a pleasant house near the Hospital St. John, where they will be taught. No word comes of a matron or superintendent of nurses, but we must hope there is one.

A LETTER from Porto Rico, from Senorita Pilar Cabrera, who assisted Miss Pope when she organized the training school in the Municipal Hospital in San Juan, and who took the position of superintendent when Miss Pope left, says that in the past year she has trained a class of ten Sisters of Charity as well as the lay pupils of the school. Miss Cabrera has now had to give up institution work for a time at least, because of her health.

A RECENT number of the *Australasian Nurses' Journal* describes the death of one of their members in a far-off part of the Pacific Coast, ending with this paragraph:

"But I must not omit to mention the kindness of the members of the Washington State Nurses' Association. The nurses of Spokane sent their secretary down to Seattle, fourteen hours' train journey, to see if

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Billie was getting every attention, and the State Association offered to pay all her hospital expenses if necessary. On the day of the funeral there was a great festival in Seattle, with bands, processions, etc., etc., and yet about fifty nurses left the fun and came gladly to the funeral services of a person whom they had never seen, just because she was a nurse and far from home, and six of them dressed in their white uniforms acted as pall-bearers."

SISTER MARIE ZOMAK, who has been piloting the nursing reforms in that interesting corner of Spain, the Institute Rubio, where a school of nursing has been founded, as we told some little time ago, has had a severe struggle with time-honored prejudices. The shortening of the cruelly-long hours and other mitigations of the nurses' lot which she has brought about have had the support of the present medical director, who is also the physician to the young Queen of Spain, so that one can hardly help but surmise that her wholesome English influence and knowledge of modern nursing methods are behind the general improvements; nevertheless many conservative though excellent people who are interested in the school have been so shocked by the innovations and so convinced that the nurses would go to destruction if they did not work forty-eight hours on a stretch, or at least eighteen, that Sister Marie has had some troublous times. It is good to know that the entire medical staff supports her most loyally, and at one or two specially critical moments the interns, if we may call them so, came to her and offered to help with the ward work rather than have her go under.

WE have pleasure in announcing that the date fixed by Sister Agnes Karll for the opening of the International Council Meeting at Cologne is August 12, 1912. Invitations to the various National Councils of Nurses will be issued at an early date. We shall give space to this important event next month.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE*

IN CHARGE OF

EDNA L. FOLEY, R.N.

CONCERNING THE EMPLOYING OF PRACTICAL NURSES BY VISITING NURSE ASSOCIATIONS

A SURVEY of the reports of the work of visiting nurse associations during the past year makes us realize how rapidly this branch of nursing service is growing and how potent is its force in a community. In a few brief paragraphs, it is impossible to do justice to its various ramifications, but the way in which visiting nurse associations have helped in the tuberculosis campaign, organized infant welfare committees, and mothered other movements of importance, awakens our pride and commendation.

There is another side to visiting nursing, however, of which people seldom hear, but which gives the district nurse more real thrills than does the praise of a somewhat fickle public. The public knows how many calls she has made, how many eggs she has dispensed, and occasionally how much she wants a wheel-chair for a crippled boy, or a country outing for the tired mother of many children. Only the crippled boy and the tired mother and the bedridden paralytic know, though, just how much sweetness and light have been brought into their lonesome lives by her presence, and they are the last to be able to put into oral estimates the comfort and relief from pain her tender, painstaking ministrations have brought them. A visiting nurse who does not nurse is dissipating a lawful heritage, and an organization that neglects to include chronic cases on its calling lists is losing a twice blessed opportunity. And because her work is so particularly needed and appreciated in this class of cases, the proposition recently made by the Metropolitan Life Insurance Company that practical nurses shall be used for their chronic cases has caused those interested in this form of social nursing to wonder if visiting nurse associations are intended to care for the sick or to act as investigating agents and supervisors for commercial interests, while

* Contributions for this department may be sent to 105 W. Monroe Street, Chicago.

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women, unskilled and but little trained, usurp the nurses' duties in the homes of the chronically ill. Have our standards been so "raised" that our old motto, "The best is none too good for the sick," has become a fallacy; or are they so lowered that only the number of visits and the amount of instruction given counts, while the actual work of our hands has become so unimportant that it can with safety and expedition be handed over to so-called practical nurses, whose practice is on a par with the scanty remuneration they receive? Is it just to Florence Nightingale's memory that, within two years of her death, we permit our patients to be divided into two classes—the sick and the chronic cases, the sick to be further classified as those suffering from acute illnesses, while the chronics compose that large class of patients suffering from rheumatism, carcinoma, tuberculosis, cardiac disease, *et cetera, ad infinitum*,—cases otherwise known as incurable? The knowledge that her skilful nursing and thorough technic helped save the life of a desperately ill typhoid is a source of gratification, naturally, to any well-trained nurse, but when she is told, by one of her incurables, that she is the only one who knows how to fix the bed and the pillows after the morning dressing, her satisfaction is even greater.

As visiting nurses, we have undertaken to do our best to serve the sick in our districts—would we not shift a grave responsibility and lose a precious quality of our service if we agreed to hand over a large proportion of our nursing cases to women whose training has been imperfect or who are to be trained by us, at the expense of our patients? There are doubtless some practical nurses who are as good as some graduate nurses, but while we are striving daily to raise the standard of all nursing service, let us not weaken our structure by substituting makeshift nursing in the homes in our districts, for good practical nurses are not met in large numbers. Besides, the practical nurse is human,—given some training and some practice at the bedside, under the supervision of a skilled nurse who knows how to teach, she will soon decide that she knows as much as her teacher, and she will demand responsibility and a salary equal to that of the regular nurse, or she will depart to broader fields, where her little knowledge may prove a dangerous thing to the patients who engage her in good faith as an ex-visiting nurse of a well-known staff.

If it is impossible to finance visiting nurse work without the support of commercial firms, whose interest naturally lies in cutting the cost of each visit, in order to make two where one is now made, should the organization compromise at the expense of its patients? It is fairly easy to lower our standards; it will be very difficult to raise them later. Our responsibility is to our patients first, to our contributors last, and

we will not deserve the support of either if we neglect our duty, which is to give our best service to all the sick. Working housekeepers who will go in and clean up neglected rooms, or women who will stay continuously with the patient, are much needed in our work, but as soon as we turn over the nursing care of our helpless cases to such as these, we will deserve to lose the support of both public and patients alike. When insurance firms, factories, or large corporations, desire nursing care for their sick policy holders or employees, and wish to co-operate with local visiting nurse associations by bearing the greater part of the expense of this care, the nurses' work is immediately strengthened and increased, for the more homes they enter, the more widespread is their influence. No association of nurses, however, in order to obtain this work, can afford to offer *two grades* of nursing service to the community. The poor are at the mercy of too many half-trained and counterfeit workers as it is, and it behooves the visiting nurse associations in good standing to maintain the integrity of our calling by offering their best alike to the acute and the chronic sick.

REPORT OF THE SECTION OF NURSING AND SOCIAL WORK OF THE AMERICAN ASSOCIATION FOR THE STUDY AND PREVENTION OF INFANT MORTALITY

THE second annual convention of the American Association for the Study and Prevention of Infant Mortality was held in Chicago, November 16-18. Its deliberations were grouped around six special aspects of the problem under consideration; namely, eugenics, midwifery, nursing and social work, milk supply, housing and continuation schools of home making. These were discussed in section meetings and their conclusions were presented in the form of resolutions to the assembly at large which met at four general sessions. Among the resolutions thus presented those of particular interest to nurses (in addition to the ones offered by the nursing section, reported later) were as follows:

Resolved, that this Association urge upon the city officials who control the allotment of municipal funds the great importance of increasing appropriations for health purposes, and

That the executive committee be instructed to send a copy of the resolution to the mayor of each American city.

Resolved, that we recognize the danger to human beings and especially to children, from the bovine tubercle bacillus.

We therefore demand protection against this danger by the enact-

ment of laws requiring the tuberculin testing of all cows furnishing milk for human consumption.

Resolved, that until such time as the tuberculin test of cattle is efficiently applied, we recommend the pasteurization of city milk supplies under municipal, state, or national control.

Resolved, that the teaching of obstetrics in the medical schools of the United States is grossly inadequate.

That no time should be lost in according to the teaching of obstetrics an importance equal at least to that given to medicine and surgery.

Resolved, that in view of the startling revelations of the Chicago Vice Commission and the statements in the paper by Dr. Prince Morrow, we recommend that in some way a movement be inaugurated through the Eugenics Section so that syphilis and gonorrhoea must be reported to the City Health Department, and in some cases isolation be effected.

Inasmuch as our infant mortality rate estimated by the Bureau of the Census stands twenty-second in the list of thirty-one civilized countries, although in national wealth we easily lead all, and

Inasmuch as this is largely due to lack of education of young men and women for parenthood, home making and care of children, and

Inasmuch as the very great majority of pupils leave school before the age when this instruction can be effectively completed, and rarely have a later opportunity of receiving it, being often deprived of proper education in parental homes by occupations, environment, or social conditions; therefore be it

Resolved, that the American Association for Study and Prevention of Infant Mortality petition each state board of education to appoint a commission on Continuation Schools of Home Making, to consist of men and women technically qualified in home economics, sociology, school administration and medicine, to study conditions and needs in the state, and to report efficient plans for meeting them through such continuation schools or classes.

Resolved, that such schools should be conducted wherever possible in model houses or flats, in addition to the class-room work; that care of infants, children and the sick be practised in connection with homes, day nurseries, asylums, hospitals, kindergartens, visiting nurses, children's summer outings, or in other practical methods.

The meeting of the section on nursing and social work was called to order at 2 P.M., November 16, as announced in the programme. Lillian D. Wald presided in the absence of Miss Nutting, chairman of the section. Miss Wald said emphatically that "visiting nurses and social workers are, or should be, synonymous terms, although their training is distinct, and that all nurses and all social workers who are not nurses

agree upon the identity of their ultimate purpose, and that the relationship upon the field should be intimate, co-ordinated and perfectly harmonious." Quoting further from Miss Wald, "one of the valuable contributions of the trained nurse to medical and social progress is her ability to *apply* the scientific principles for infant nurture and the maintenance of health. In her hands have been placed the final responsibilities of educating in the home and presenting in simplest form the conclusions of the men and women of science."

The programme in accordance with the purpose of the chairman presented in an impressive manner the wide field of responsibility open to nurses and social workers everywhere for varied and important services to society. American nurses in general, as well as the conference, were especially honored by the admirable papers sent by three of our esteemed friends and co-workers from England and France. Mlle. Chapel, of Paris, whose notable work in Plaisance, France, is but one of her many public services for which she is most justly recognized by her own government and in foreign lands; Miss Mary Loane, who is the author of the "Queen's Poor," "Neighbors and Friends," "The Common Growth," and various other books of a similar nature which are the direct and forceful expression of the experiences and conclusions which she has gathered from years of closest association with the sick poor in their homes; Miss Amy Hughes, who is best known as General Superintendent of the Queen Victoria Jubilee Institute for Nurses in London, which, together with the Royal Victorian Order of Nurses in Canada, is undoubtedly the most highly organized and the most effective and the farthest reaching district nursing association in the world. Each one brought to the discussion of her subject the authority that comes only with large personal experience.

The committee is especially indebted to the Chicago women who read these papers in the absence of the authors, namely, Miss Helen Scott Hay, principal of the Illinois Training School for Nurses; Miss Edna L. Foley, Superintendent of Nurses of the Municipal Tuberculosis Sanitarium; and Miss Amelia Sears, District Secretary of the United Charities.

Quite the most effective and enthusiastically received address of the afternoon was that of Alice L. Higgins, general secretary of the Associated Charities of Boston. Miss Higgins added to her convincing arguments the peculiar charm of her personality and most ably presented the lay social workers' share in the modern service of society. At the same time she very strikingly set forth the common purpose of similar methods and the mutual dependence of medical men, nurses, lay social workers, and relief agents in the modern campaign of health protection

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and social uplift. The programme was further enriched by the discussions in which such notable people as Dr. Henry B. Favill and Dr. Rachelle Yarros of Chicago, and Dr. Geo. Goler of Rochester, participated.

The findings of the society were summed up in the following resolutions which were presented to the general conference, all of which, with one exception, were unanimously passed. The fourth, together with one presented by the section on midwifery, was referred to the executive committee for further consideration. The resolutions are herewith attached.

1. That education of mothers in these subjects be made an integral part of baby welfare stations: (a) Prenatal care, (b) Preparation of clothing, (c) Hygiene of babyhood, (d) Infant feeding.

2. That methods be promoted for giving immediate relief to babies whose parents cannot afford to pay for the better grade milk.

3. That the extension of Little Mothers' Leagues be urged.

4. That the nursing profession be asked to extend its field of usefulness by including training for the practice of midwifery for normal cases. Further, that a minimum standard of training be required for all who are permitted to practise midwifery and that all midwives be under state or municipal control.

5. That all training schools for nurses be urged to add to their curricula courses by social and civic workers to awaken their pupils to a fuller understanding of the requirements of social service. That all nurses and other social workers be urged to establish closer relationships with each other to secure harmonious action in their efforts for community welfare.

6. That attention be called to the dearth of care for the sick and the absence of instruction in hygiene in rural districts and that the public be stimulated to concern itself in regard to this matter, and the committee suggests that the National Red Cross be asked to consider the proposal made to it some time ago to inaugurate visiting nursing in neglected communities.

7. That through municipal and state control the permanency of improved milk supply and milk dispensaries be secured.

ELLA PHILLIPS CRANDALL, *Secretary*.

ITEMS

MASSACHUSETTS.—The district nurses of Worcester County and the towns adjoining held a first and very successful meeting at the rooms of the Worcester Society on November 14. Eighteen nurses were present and many new and helpful ideas were exchanged. It was decided to

meet at a luncheon (not to exceed fifty cents) on January 23, 1912, at noon, and at that time to decide on the time and character of the future meetings. All district nurses and especially those working alone feel the necessity of knowing what others in the work are doing, and the getting together will fill this long-felt want. All district or visiting nurses within reach of Worcester are invited to join. For further information address Rosabelle Jacobus, Superintendent The Worcester Society for District Nursing, 1 Elm Place, Worcester, Mass.

NEW YORK.—A new opening for the energies of district nursing has been created in Buffalo, where Mrs. Annie L. Hansen, for the last three years a member of the District Nursing Association Staff, has been engaged as "Domestic Educator" by the Buffalo Committee of the North American Civic League for Immigrants. Her work began in September and already she has another nurse assisting her. The object of the work is to carry to Buffalo's citizens in the making a very practical sort of domestic and hygienic education which will enable them to adapt themselves more easily to better standards of personal and home living. Begun in the homes of the immigrants, the work is broadened out into club and class work for young women and girls, instruction in household economics, care of the children, etc. The warmest sort of co-operation has been given Mrs. Hansen and she has been made a member of an executive committee on organizing a permanent Child Welfare Conference in Buffalo.

OHIO.—The Thirteenth Annual Report of the Columbus, Ohio, Instructive District Nursing Association records an increase in duties and growth that must be pleasing to the directors and nurses alike. A baby camp was maintained during the summer months which cared for sixty little patients, with an average of twenty-five days of open-air treatment for each baby, and this is to be carried on next year, as the association has been fortunate enough to acquire the site for all time. "Mothers' Meetings" have been established in four parts of the town, under the supervision of Jennie L. Tuttle, superintendent of nurses, where the babies are weighed and examined and the mothers instructed in their care. The nursing of the Metropolitan policy holders has also been undertaken. That the work of Miss Tuttle and her eight nurses is appreciated by the community is evidenced by the fact that over twenty-one organizations referred new cases to them last year.

Sarah B. Helbert, school instructor for the Cincinnati Anti-Tuberculosis League, has persuaded the teachers in some of the local stenog-

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raphy courses to give their dictation to the pupils only from some tuberculosis literature. Prizes are to be given for the most accurate transcription. In this way Miss Helbert is extending her instruction from grade schools to high schools and business colleges.

Abbie Roberts, of the Cincinnati Visiting Nurse Association, is conducting two classes this year in home nursing at the Christ Church Parish House. The first is held in the evening for young working women, and the other is held one afternoon a week for the mothers of the parish. Each girl pays 25 cents for the course, the total covering the cost of the demonstration equipment, cot, mattress, pillows, etc. The class numbers thirty-two, and the girls have their note-books and take notes. The course is a very simple and yet thorough one, covering the care of the sick-room, bed-making, bathing, diet, preparation for confinement and the care of the baby, first aid to the injured, and general hygiene.

ILLINOIS.—Somewhat similar work to that in Cincinnati is being instituted in Chicago by the Department of Health School Nurses, only their classes are held every Saturday morning for the "Little Mothers" of the neighborhood, both boys and girls from eight to thirteen being taken. The classes started most successfully a fortnight ago and now about thirty are being held weekly at the schools. There is a model doll, which takes the place of the baby which most of the "Little Mothers" are interested in, and the girls are taught how to hold the baby, how to carry it, how to bathe it and care for it generally. All of the children in the classes are from homes where they must give a great deal of care to small brothers and sisters while the mother is working. Judging from the interest already displayed, these children will carry a great deal of good, sensible instruction back to their parents and into their homes. Katherine Horrigan, Illinois Training School, is supervisor of the school nurses and it is under her direction that the classes are formed.

COLORADO.—The Denver Visiting Nurse Association, Elizabeth Shellabarger, Superintendent of nurses, has undertaken to supervise the patients discharged from the Denver hospitals until they can safely be dismissed to the "cured" list, thus making room in the hospitals for more serious cases. They have also started "Mothers' Meetings" as follow-up work of their baby tent work last summer and hope soon to have a trained dietitian in the field with them. The new address of the association, where they have much more room for their rapidly growing work, is 535 Temple Court Building.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

LIBERAL DIET IN TYPHOID.—*The Maryland Medical Journal*, in an editorial, advocates the more liberal feeding of patients suffering from typhoid fever. By scientific feeding the loss in weight is so reduced that when the convalescent gets out of bed his weight is almost normal. Dr. Miller states in the *Illinois Medical Journal* that a man of 150 pounds requires 5000 calories daily to maintain his weight, or double the amount necessary if he were in health. He, however, gives 3000 daily. This amount of nourishment he obtains from nutritious foods, such as milk, cream, eggs and sugar. The milk he gives in the form of cream soup, with oatmeal, rice, etc., or with the addition of arrowroot or cornstarch. He thinks it essential to use a quart of milk and a pint of cream daily, adding coffee, chocolate or cocoa. This is supplemented by four or five eggs daily, given raw, or as egg nog, soft-boiled, poached, or made into custard, and in cream. As the carbohydrates offer the best protection from decrease in weight he gives 8 ounces of sugar daily. If the patient dislikes sweets he is given cereals, bread, baked potatoes, or any root vegetable in finely divided form to make up for the decreased amount of sugar. One and a half ounces of *fat* crisp bacon, no lean being given, is added to the diet daily, as this has a high food value and is usually relished. This plan of feeding has been tested by other doctors, it is said, and found perfectly safe and reliable.

DENTAL DEFECTS AS A CAUSE OF EPILEPSY.—At a meeting of the American Roentgen Ray Society, Dr. Henry K. Pancoast, of Philadelphia, called attention to the importance of carefully examining the teeth in all cases of idiopathic epilepsy, as defects might exist which were responsible for the epileptic condition. This is especially important with children, although cases have been discovered in adults, where dental defects were a contributing cause. Any defects found must be remedied early in order to do good. The usual therapeutic measures should also be vigorously applied.

HEREDITY AND TUBERCULOSIS.—Dr. Gilford B. Sweeny in an interesting article in the *New York Medical Journal* states that tuberculosis cannot strictly speaking be said to be hereditary, though it does sometimes pass from the older to the younger generation, as do other infectious diseases. Tuberculosis is a disease essentially dependent upon impaired nutrition. If the body is in a healthy condition it can overcome the infection. In natural immunity it is the blood cell that is the active protective agent, which in a healthy organism is amply able to attack and destroy the intruding organism. To increase the digestive power of these blood cells so that they can attack and overcome the tubercle bacillus is the object of modern treatment. Dr. Sweeny administers hypodermically an antituberculous lymph compound. This is obtained from bullocks which have been immunized by successive injections containing tubercle bacilli of increasing virulence. This lymph so stimulates the blood cells that they are able to cope with the invading germ and destroy it. This is proved by the improvement of the patient if the disease has not progressed too far.

THE CARE OF CUTTING INSTRUMENTS.—In a paper in the *American Journal of Surgery* Dr. Neef says surely it cannot be correct to be more lenient with the sterilization of scalpels than of other instruments. The fear of injuring the sharpness of the cutting edge when the knife is subjected to the boiling process seems to be the cause of the laxity in this respect. All scalpels should be boiled in a small knife tray which prevents the instruments being jostled against their sharp edges during the boiling. If the delicate blades are allowed to cool gradually their temper will diminish and the softened edge become dull with slight use. To prevent this, the finer cutting instruments should be chilled by plunging them in cold alcohol as soon as they are removed from the sterilizer. A few strokes on a good oilstone is all that is needed to bring back a blade used at an operation to its original condition. A soft oilstone should be used when the blade is quite dull or the cutting edge is damaged and has to be ground down. A harder stone sharpens more slowly, yields a finer edge and should be used for finishing. Glycerine diluted in alcohol should be used as a medium in sharpening instead of oil.

CARE IN CANCER CASES.—Dr. J. Garland Sherrill is reported in the *Medical Record* as saying that in view of the supposed infectious character of cancer the attendants of a cancer patient should be urged to avoid allowing the secretions to come in contact with the unbroken

surface and to use the most stringent measures of cleanliness in the care of the patient. The room in which a cancer patient lived should be carefully disinfected.

SKIN STERILIZATION.—A method of skin sterilization highly recommended is to shave the skin carefully, and cleanse it with soap and hot water applied with cotton sponges, followed by alcohol. After the skin has dried paint it with a 2 per cent. solution of iodine and alcohol. This is done the evening of the day before the operation, and a sterile dressing applied. The next morning the skin is again painted and the dressing re-applied. While the patient is being anaesthetized, the skin is painted for the third time. The scrubbing brush and the bichloride compress are rendered unnecessary. It is said that iodine is one hundred times more powerful a bactericidal agent than bichloride.

FLAT FOOT.—Flat foot is often a cause of annoyance and suffering to nurses who perhaps have not recognized the cause of their condition before entering the hospital as probationers. The pain may be reflected up the leg and thigh and so cause uncertainty as to its origin in the foot. Passed Assistant Surgeon R. G. Heiner, speaking of this disability in connection with recruits, advises that prompt attention be given to all foot complaints, no matter how trivial. Blisters, bunions, corns, and the results of an ill-fitting shoe cause the weight to be borne on the sound foot and this strain, if prolonged, has a tendency to weaken and injure the arch. Shoes should be of the correct shape and size. Those who have a tendency to flat foot should tone up the supporting muscles of the foot by exercise. Rising alternately on the toes and heels about 100 times daily is beneficial. Later this may be done twice a day. A simple apparatus is made by tying one end of a rope around the foot, passing the rope through a pulley and securing a weight of five pounds or less on the other end. Movement of the foot raises and lowers the weight, this exercises the tibials and flexors of the foot, the supporters of the arch. This exercise should be done twice a day, about 100 times at each sitting. Strapping and properly fitting arch supporters are useful in sustaining the arch until the muscles are given tone and strength by the exercise.

THE DROP METHOD OF ADMINISTERING ETHER.—Dr. Harold A. Lucas recommends in the *Medical Record* that the small opening at the top of a can of ether should be cut out and an ordinary rubber nursing nipple, through the point of which a pin has been passed, be slipped over it and fastened firmly with an elastic band around the base. By

holding the can in a horizontal position the ether can easily be administered in drops of equal size with no danger of leakage, waste, or accidents.

INOCULATION AGAINST TYPHOID FEVER.—In the *Journal of the American Medical Association* there is an exceedingly interesting report by two medical officers of the U. S. Army of the method used to administer vaccine to the soldiers in camp at San Antonio, Texas. The hypodermic syringes used were sterilized by boiling. Before inoculation a small area of skin on the arm was painted with iodine. A sterile syringe, fitted with well-mixed vaccine, being in readiness, the needle was plunged into the skin already prepared with iodine. When the needle was withdrawn a drop of collodion was applied to the puncture, thus sealing the wound. The temperature in no case rose to 102° F. No infection took place. Care was observed to give the vaccine subcutaneously and not intravenously. The reaction was usually over in twelve hours. During this encampment at San Antonio of 12,000 men, approximately, there occurred but one case of typhoid, a civilian teamster who had not been inoculated. In view of these results it would seem that doctors and nurses brought into frequent contact with typhoid cases should be afforded the protection of inoculation. It should also be considered with a view to render typhoid carriers harmless to those to whom otherwise they might communicate the disease when not suffering from it themselves.

TREATMENT OF TUBERCULOSIS.—Williams, writing in the *London Lancet*, is convinced that any comprehensive scheme for dealing with tuberculosis in Great Britain should include the establishment of a large number of tuberculosis hospitals scattered over the country in close connection with dispensaries and sanatoriums and as a further link in the chain some form of labor colonies and exchanges should be available. He says that the task of further reducing and abolishing tuberculosis is not a hopeless one, but it does not lie wholly with the physicians. It lies also with those who have it in their power to remove or lessen the principal causes of tuberculosis, viz., the overcrowding of our cities, the want of open spaces and ventilation, the insanitary houses, the lack of a good supply of water and of pure milk. If all these defects were remedied the number of phthisis cases would be comparatively small. The government and the local authorities could insist, too, on the removal of advanced cases of tuberculosis to a hospital or infirmary, and thus do away with one chief source of infection, and we should soon see a rapid fall in the number of contact cases and in the mortality tables.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

JOURNALS ON HAND

DEAR EDITOR: I shall be glad to dispose of the following copies of the JOURNAL at a reasonable rate: December, 1907; September, October, November, December, 1903.

7619 Redell Avenue, Cleveland, O.

W. A. KOECKERT.

JOURNALS NEEDED

DEAR EDITOR: The following copies of the AMERICAN JOURNAL OF NURSING are needed to complete Volume II, January and July, 1902. Please address Mr. Clarence W. Sumner, Librarian, University of North Dakota, and state the price. Post address, University, N. D.

B. C. E.

EXCESSIVE PERSPIRATION

DEAR EDITOR: As a reader of the JOURNAL I write to ask for advice as to a remedy for excessive perspiration in the armpits. Two nurses whom I know are suffering all the disagreeableness resulting from it. They have not been successful in getting a remedy for a cure. Perhaps some of the JOURNAL readers can suggest one.

Michigan.

H. C. M.

A PARTIAL REPLY TO F. H., R.N.

DEAR EDITOR: In your letter department of the December JOURNAL was one of interest to me, as I had recently heard something of pediculosis from an eye specialist of the Middle West, that was quite new to me and partly answered the question of F. H.

On several occasions patients were brought to him with highly inflamed, crusted eyelids, which, upon examination, proved to be caused by innumerable lice being almost buried in the lids. If I remember rightly he spoke of them as "crabs" and said among a certain class of people they were not uncommon.

He said, also, that they differed from any other lice infesting the head or trunk; in fact, that the several kinds of pediculi of the body have certain places of habitation, as the head, eyelids, beard, axilla, etc., and do not breed in any other place. As to how long they live off the body I have not heard.

After using larkspur liberally for parasites, I have been fairly successful in ridding the hair of nits by repeated applications of 95 per cent. alcohol. It seems to dry them so thoroughly that they fall off.

Massachusetts.

L. M., R.N.

LIFE ON BOARD A STEAMER

DEAR EDITOR: Perhaps an account of the steamer arrangements may be of interest to those who wonder what a cruise of this kind may be like. There are approximately 500 passengers on board; some go only to Gibraltar and other ports; others will join us at various places. Some seem to be taking a leisurely trip to California, there to spend the winter. There is a special Tourist Bureau on board which is not unlike a Cook's office. A charming lady, known as the Social Director, with her assistant, takes pleasure in looking up the lonely, shy, and dissatisfied. The doctor for the passengers is a man of experience, particularly in the diseases prevalent in hot countries. He has prepared a leaflet which the company issues, giving prophylactic instructions to people travelling in the tropics. There is a regular programme prepared, providing some sort of entertainment for each day. A Camera Club has been organized, for mutual benefit and interest, with perhaps an ultimate exchange of successful results. There are to be lectures in both English and German with stereopticon views of that which is to come, so that we may enjoy intelligently the good things when we reach them. It is interesting to note that the wife of the lecturer (who is a minister, and conducts the service on Sundays) is his assistant, doing all the mechanical work of developing the pictures, and exhibiting the slides. The trip so far differs from the usual trans-atlantic trips, in so far that, all realizing the length of time they will be thrown together, lack the aloofness of strangers, and people are becoming acquainted quite rapidly.

Just a word for the way the Hamburg-American Line is taking care of its nurse. She has an outside stateroom which was originally two rooms. There is a real single iron bed, not a berth or a cot. There is a wardrobe, a cunning little book-case, and a real chair, besides the usual steamer washstand. The two trunks are not in the way, all of which means that her quarters are roomy and comfortable. I forgot to mention the electric fan, which, I am told, will be my best friend after we pass Port Said.

CHARLOTTE EHRLICHER,

S.S. *Cleveland*, Hamburg-American Line.

(Miss Ehrlicher is making a trip around the world as a steamer nurse, and will occasionally send to the JOURNAL an account of her experiences. As any mention of a steamer nurse in the past has brought to the editorial office a flood of inquiries as to how such a post may be obtained, we wish to forestall them by saying that such opportunities are very rare and can only be obtained through direct communication with the steamship companies. We have no advice or information to give on the subject.—Ed.)

STUDENT LIFE AT TEACHERS' COLLEGE

DEAR EDITOR: Judging from the questions asked me by those unfamiliar with New York City or with the life at Teachers' College, this must be an interesting subject to many, especially if thinking of study here. The advantages of study which the college offers are well known, but of the benefit derived outside the regular courses less has been said. As in other cities, the depth of one's purse determines somewhat the kind of one's pleasure, but I am writing of those things possible to every student.

Informally we gain much from each other by exchanging ideas and com-

paring the customs of our respective hospitals. Our scope is not limited to this continent, as we have several students from English hospitals. By means of excursions to various hospitals we have a chance to learn of different types and methods of work, for the superintendents are most kind in explaining questions of interest. Those of us who have used Miss Maxwell's book on Practical Nursing as a text, were especially interested in a demonstration class at the Presbyterian Hospital where we saw her methods exemplified. Other well remembered and instructive excursions were those to the laboratories of Rockefeller Institute and the Board of Health. At Rockefeller Institute we were much pleased to see something of Dr. Carell's wonderful surgical experiments and to visit the animals whose glad chorus and wagging tails assured us that they are pets as well as aids to science. At the Board of Health laboratory we saw the process of making diphtheria antitoxin, from the drawing of blood from the neck of a horse to the finished product.

At various times during the year we can attend valuable lectures at the New York Academy of Medicine, and at our own public health lectures we listen to men who are authorities on their subject. Among those heard in this way last year were Dr. S. Weir Mitchell, Dr. Jacobi, Dr. Flexner, Dr. Holt, Dr. Knopf, and others equally well known in their respective fields of work. Nor are our interests confined to strictly health subjects. We are privileged to attend general lectures throughout the University and often it is difficult to choose from conflicting ones. There are also many lectures worth while in different parts of the city.

There are exhibits of various kinds both in college and in the city. One museum exhibited an array of gifts suitable for children, which was appreciated by Christmas shoppers desirous of selecting wisely. The Child Welfare Exhibit and the City Budget Exhibit, with others like them, have great educational value.

Museums and libraries offer their treasures to art lovers and there are many chances to hear good music. There are frequent recitals of vocal or instrumental music at Teachers' College and at Columbia. The College of the City of New York, which is a near neighbor, gives two public organ recitals weekly.

Social life is carried on largely through the clubs. In these we meet men and women with different interests from all over the world which keeps us from becoming too much absorbed in our particular subject. Through the influence of our own small club for nurses, we know one another better personally than would be possible if the classroom were our only means of meeting. Probably the most informal gathering place is the swimming pool, which is one of our favorite ways for relaxation. Here past and future hospital and social workers lay aside their characteristic reserve, for who could be dignified in a regulation swimming suit? We enjoy the pleasant acquaintance made through the different points of contact in our college world, and the friendships formed here are among our most valued possessions.

I have asked many former students as well as present ones what they value most of their stay here. A summary of their answers is: the chance to study more extensively, unhampered by the responsibility of professional duties; "to get out of the rut" through new interests aroused and the ability to see life from more than one point of view.

A STUDENT OF THE NURSING AND HEALTH DEPARTMENT.

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SOMETHING WORTH TRYING

DEAR EDITOR: Here is a method for warming the feet and lower limbs, and keeping them warm, which is very much better than the hot water bag, as well as being absolutely safe.

Make a bag of flannel (old blankets can be utilized this way), and if double, so much the better.

Make it about the width of an ordinary pillow case, but long enough to come up well under and over the knees; this is most important.

There are many ways of warming this bag. In a hospital where there are drying closets, the matter is easy, and a number of them can be kept warm always, and ready for the patient just from the operating room, or the two or three or more who are being prepared for the night and "must have a hot water bag."

If there is no drying closet there is the radiator, upon which the bag can be placed and kept there long enough to get heated through and through.

But sometimes there is no radiator,—well there is almost always a flat iron, and the bag can be ironed inside and out, the iron rolled up in it and carried to the bedside to be exchanged for the patient's feet when everything else has been done for her comfort.

Perhaps the flat iron is not handy, then a hot water bag, or an ordinary bottle well corked (I wonder how many nurses know how to tie a cork in a bottle *properly*) can be used in the same way.

N. B. Do not forget to remove flat iron, hot water bag, or bottle, before introducing the feet.

As I said before, bring the top of the bag well up under and over the knees, tuck in the nightgown, and my word for it, there is comfort in that bag.

It does not become disarranged as does a blanket, it conserves the bodily heat, and very often does not have to be renewed all night long. It does not cause the feet to perspire, and it will never, never burn your patient. If the flannel next the skin is objectionable, line your bag with an old pillow case.

F. E. S. S.

A TELEGRAM from the treasurer of the Isabel Hampton Robb Memorial Fund, received after her report had been sent to press, states that \$600 had been received for the Fund from the Alumnae Association of the Johns Hopkins Hospital, making the total \$8354.85.

NURSING NEWS AND ANNOUNCEMENTS



ANNUAL MEETING OF THE AMERICAN JOURNAL OF NURSING COMPANY

THE ANNUAL MEETING of the AMERICAN JOURNAL OF NURSING Company for the election of directors, and other legitimate business, will be held at the office of the company, 426 East 26th Street, New York City, Thursday, January 18, 1912, at 2 P.M.

JANE A. DELANO, R.N., Secretary.

AMERICAN NURSES' ASSOCIATION DUES PAYABLE NOW

"THE PRESIDENT OF THE AMERICAN NURSES' ASSOCIATION begs to call the attention of all organizations paying on a per capita basis, to Article VIII, Section 8 of the By-laws." The majority of the organizations belonging to the association have been in the habit of waiting until the annual meeting. If they would follow this by-law more strictly, it would save them time and trouble for their delegate when she registers, for the treasurer would have their cards all ready to hand them."

AGNES G. DEANS, Secretary.

REPORT OF ISABEL HAMPTON ROBB MEMORIAL FUND TO DECEMBER 1, 1911

Previously acknowledged	\$7587.60
Iowa State Association of Registered Nurses, through Ida C. Neff, Waterloo, Iowa	25.00
Christ Hospital Alumnae, Jersey City, N. J.	10.00
Augustana Hospital, Chicago, Ill.	50.00
Alumnae Association of Garfield Memorial Hospital, Washington, D. C.	25.00
Julia A. Gernard, Garfield Alumnae Member, Washington, D. C.	5.00
Alumnae Association, Worcester Memorial Hospital, Worcester, Mass.	10.00
Passavant Memorial Hospital, Chicago, Ill. (Senior Class)	26.25
Training School for Nurses, Passavant Memorial Hospital, Chicago, Ill.	11.00
Miss E. C. Glenn, Passavant Memorial Hospital, Chicago	5.00
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	\$7754.85

All contributions should be sent to Mary M. Riddle, treasurer, Newton Hospital, Newton Lower Falls, Massachusetts, and all drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago.

At a meeting, October 20, of the Isabel Hampton Robb Memorial Fund Committee, it was decided to ask all nurses interested in the accumulation of this fund to provide in their various organizations for a sustaining membership.

thus: Let any organization or individual wishing to contribute a certain amount, yearly or monthly, as the case might be, announce the fact to the treasurer and insure a so-called sustaining membership. The treasurer will gladly collect it at such time as may be designated—either monthly or annually.

It is hoped that nurses will not consider any sum too small to forward. The gift will be appreciated, but so also will the giving.

Please do not forget to state how often you wish to make your contribution. Who will be the first?

MARY M. RIDDLE, R.N., Treasurer.

REPORT OF JOURNAL PURCHASE FUND TO DECEMBER 15, 1911

Previously acknowledged	\$41.00
Worcester Memorial Hospital Alumnae Association	10.00
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	\$51.00

DISBURSEMENTS

Mary M. Riddle, Treasurer	41.00
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Balance, December 15, 1911	\$10.00

M. LOUISE TWISS, R.N., Treasurer,
419 W. 144th St., New York City.

REPORT OF NURSES' RELIEF FUND TO DECEMBER 1, 1911

Previously acknowledged	\$586.90
Children's Hospital Alumnae Association, Boston, Mass.	50.00
Columbia and Children's Hospital Alumnae Association, Washington, D. C.	10.00
St. Luke's Hospital, New Bedford, Mass.	25.00
Margaret Montgomery	5.00
Ida F. Giles	10.00
Michael Reese Nurses' Alumnae Association, Chicago, Ill.	25.00
Salem Hospital Alumnae Association, Mass.	10.00
Augustana Hospital Alumnae Association, Chicago, Ill.	25.00
Edith Gatzman	2.00
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Balance, December 1, 1911	\$748.90

All contributions should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, N. Y., and all checks made payable to the Farmers' Loan & Trust Company. Address all inquiries to L. A. Giberson, R.N., Chairman, S. E. cor. 33d St. and Powelton Ave., Philadelphia, Pa.

ARMY NURSE CORPS

THE following order has recently been issued by the Department:

"The United States Army General Hospital, Presidio of San Francisco, California, is designated and will be known as the Letterman General Hospital, in honor of the late Major Jonathan Letterman, surgeon, United States Army, who effected the organization of the Medical Department of the Army of the Potomac during the Civil War."

Orders were issued, December 1, for the relief of Eleanor L. Bollman and Anna B. Cawley, two of the Red Cross nurses still remaining at Fort Sam Houston, San Antonio, Texas. Opportunity was given to them to enter the Army Nurse Corps. Requirements for enrollment as Red Cross nurses being practically uniform with those for service in the Army Nurse Corps the only formality necessary was a new appointment and oath of office. Instead of being discharged these nurses are therefore transferred from Fort Sam Houston, Texas, to the Letterman General Hospital, Presidio of San Francisco.

The following are the changes in the Army Nurse Corps:

Appointments.—Emma E. Habenicht, graduate of St. Mary's Hospital, Evansville, Indiana, and Elizabeth M. Hanson, graduate of Minneapolis City Hospital, Minneapolis, Minn., and for some time night superintendent of the same hospital, assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

Mabel Berry, graduate of Whitwell Hospital, Tucson, Arizona, and post-graduate of Mt. Sinai Training School, New York City; Eleanor L. Bollman, graduate nurse St. Louis City Hospital, and night superintendent of same hospital; Anna B. Cawley, graduate of St. Louis City Hospital and head nurse of same hospital; assigned to duty at the Letterman General Hospital, San Francisco, California.

Transfers.—From the Letterman General Hospital, San Francisco, California, to the Army and Navy General Hospital, Hot Springs, Arkansas: Lyda M. Keener, as Acting Chief Nurse.

From Walter Reed General Hospital, Takoma Park, D. C., to the Letterman General Hospital, San Francisco, Cal.; Florence M. Bailly and Annetta B. Hafer.

From Walter Reed General, Takoma Park, D. C., to Letterman General Hospital, San Francisco, Cal., for temporary duty; Edith M. Richmond, Acting Chief Nurse; Marion B. Nuckels, Rachel Foreman and Gertrude B. Buckner.

From the Division Hospital, Manila, P. I., to Pettit Barracks, Zamboanga, P. I.: Elizabeth J. Kenny.

From the Philippines Division to the Letterman General Hospital, San Francisco, Cal.: Helen Pickel.

Discharge.—From the Letterman General Hospital, San Francisco, California: Marion F. Scherter.

R. Mabel Bartholow, who had been a clerk in the Medical Department of the Army since the first contract nurse was sent south during the Spanish-American War, has recently resigned to be married. When the present Army Nurse Corps was created by Act of Congress, in 1901, Miss Bartholow was assigned to the Department and has served there continuously during all these years. Although not a nurse she has evinced a deep interest in the development of the Army Nurse Corps and has been most faithful in the discharge of all duties pertaining to her position. Her knowledge of details and splendid memory concerning records and individuals have been an unfailing source of assistance to the present superintendent.

Frances Durkin, who has also been connected with the Surgeon-General's Office since 1898, has been appointed to succeed Miss Bartholow.

JANE A. DELANO, R.N.,
Superintendent Army Nurse Corps.

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CHANGES IN THE NAVY NURSE CORPS

Appointments.—Helen A. Jones, Toronto General Hospital, Vanderbilt Clinic, New York; Susan B. Goshert, Memphis City Hospital, Tenn.; Eva McLaughlin, Emergency Hospital, Boston, Mass., Post-Graduate course General Memorial Hospital, New York; Anna R. Longsdorf, Williamsport Hospital, Pa., Superintendent Dr. Nutt's Private Hospital; Eleanor Gallaher, St. Luke's Hospital, Richmond, Va., Assistant Superintendent King's Daughter Hospital, Staunton, Va., Children's Hospital, Mt. Wilson, Md.; Marion L. Wilson, Newport Hospital, Newport, R. I.; Alice Henderson, Manhattan State Hospital, Post-Graduate course Episcopal Hospital, Brooklyn; Johanna Tuve, Mercy Hospital, Baltimore, Md., Episcopal Hospital, Brooklyn, N. Y.; Emily W. Isham Lomax, Protestant Episcopal Hospital, Philadelphia, Pa.

Transfers.—Margaret Boylan and Sadie Keiningham from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Philadelphia, Pa.; Ada M. Pendleton from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Mare Island, Cal.; Mrs. Lucy A. Keenan from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Canacoe, P. I.; Lura B. Stone, Eva McLaughlin, and Eleanor Gallaher from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, New York; Alice M. Gillett, Margaret Seitz, Katrina Hertzer, Mary Walsh, Gertrude Snyder, and Frida Krook, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Norfolk, Va.; Jean Allan from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Annapolis, Md.; Lucy Cooper from U. S. Naval Hospital, Philadelphia, Pa., to U. S. Naval Hospital, Washington, D. C.; Margaret Pierce from U. S. Naval Hospital, Philadelphia, Pa., to U. S. Naval Hospital, Mare Island, Cal.; Betty M. Mayer and Anna G. Davis from U. S. Naval Hospital, Mare Island, Cal., to U. S. Naval Hospital, Canacoe; Mary H. DuBose and Lila Fair from U. S. Naval Hospital, Annapolis, Md., to U. S. Naval Hospital, Portsmouth, N. H.; Louise Pitz from U. S. Naval Hospital, Norfolk, Va., to U. S. Naval Hospital, New York.

Honorable Discharge.—Upon the completion of her three-years term of service Isabelle R. Roy was granted honorable discharge from the U. S. Naval Hospital, New York.

Resignation.—Blanche Brown of the Good Samaritan Hospital, Lexington, Ky. Miss Brown's resignation was tendered because the serious illness of her mother rendered her presence at home imperative.

LENAH S. HIGBEE, R.N.,
Superintendent U. S. N. Nurse Corps.

NEW HAMPSHIRE NURSES' EXAMINATIONS, OCTOBER 12, 13, 1911

MATERIA MEDICA

1. What do you understand the term "Materia Medica" to include? 2. By what method of administration would you get the quickest action of a drug? What drugs are usually given in this way? 3. Define sudorific, diuretic, stimulant, astringent, escharotic, idiosyncrasy, cumulative effect, physiological action, hypnotic, analgesic. 4. Give the physiological action of strychnia. Give symptoms of overdosing. 5. Give dosage of the following: Tincture of digitalis; infusion of digitalis; tincture of opium; iodide of potassium; codeine. 6. Give

two examples of each of these classes of drugs: Diaphoretic, purgative, heart stimulant, anodyne, rubefacient. 7. What drugs affect the teeth injuriously, and how should this be guarded against? 8. If you have no special orders, what interval would you allow between food and medicine? What medicines would you give before meals? What after? What is meant by incompatibility? Give example. 9. What are the active ingredients of Dover's powder? For what prescribed? What is the ordinary dose? What is Fowler's solution? Dose? Evidence of excessive dose? In case of acute poisoning by Fowler's solution what would you do pending the arrival of the physician? 10. Give contra-indications for the use of ether and chloroform.

NURSING OF CHILDREN

1. Mention the symptoms of spasmodic croup and give nursing measures of relief. 2. What is the difference between false croup and membranous croup? 3. If alarming symptoms arise in a case of membranous croup what should the nurse do while awaiting the arrival of a physician? 4. What is ophthalmia neonatorum? State the cause and proper nursing care. 5. Name the three stages of measles and give the symptoms of the first stage. 6. What special care should be given a child with measles? What precautions with reference to the room should be taken in a case of measles? 7. State in detail how you would give an enema to a baby. 8. Give some of the causes of the great mortality in infants. 9. How would you syringe a child's ear? 10. What is the rule for ascertaining the dose for a child?

SURGICAL NURSING

1. Name three kinds of bandages, stating the purpose for which each is used. 2. What would the symptoms of fracture be? What would be the treatment before the arrival of the doctor? 3. Why is it advisable to have the bladder and rectum emptied before a vaginal examination? 4. What is the danger in controlling hemorrhage for too long a time by means of a tourniquet? How long would you consider it safe to leave a tourniquet on? 5. What points are to be observed in caring for eyes discharging pus? What means would you use to remove a foreign substance from the ear? 6. What points are to be considered in improvising an operating table in a private house? How would you arrange for the Trendelenburg position? 7. What symptoms following an abdominal operation would indicate peritonitis? 8. How would you improvise a Kelly pad? Mention some conditions under which it would not be advisable to remove the carpet before an operation in a private house. How would you protect the carpet? 9. Describe the placing of a patient in the following positions: Dorsal, Sims, knee-chest. 10. Why is it necessary to have an operating room warm during an operation? What care should be given instruments and gloves that have been used?

OBSTETRICS

1. What are the signs and symptoms of pregnancy? 2. Into how many stages is normal labor divided? What are they? Describe nurse's duty during each. 3. How would you prepare a patient's bed for a normal labor and what preparation would you make for possible emergencies? 4. Give treatment

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of the cord and reasons for your course. 5. Describe the nursing care of mother and child from close of third stage of labor to end of first week. 6. If a patient has a practically normal pulse and temperature for eight to ten days following delivery with a sudden rise both in temperature and pulse at this time without appreciable tenderness over the abdomen, what is the probable cause? Treatment. 7. If soon after the third stage of labor a patient complains of faintness and nausea, has marked pallor, sighing respiration, hard, large uterus well up to umbilicus, with very little bleeding from uterus, what is the cause? Give treatment. 8. What is the probable cause when a pregnant woman in the later months is taken with sharp pain in pit of stomach with nausea, vomiting, severe headache, dimness of vision and dizziness? What condition is likely to follow it? 9. How would you treat the asphyxia of the new-born child? 10. Give treatment of post-partum hemorrhage.

MEDICAL NURSING

1. When possible to choose a patient's room what points would you consider? 2. How would you recognize hemorrhage from the lungs and what measures would you take to check it? 3. What are some of the benefits of a cold bath? For what purposes are hot air or hot vapor baths given? What precautions are to be used in giving them and why is it necessary to watch the pulse carefully? 4. Name three types of abnormal respiration. What is meant by a "cyanotic condition?" 5. What is the difference between subjective and objective symptoms? Name some of the important objective symptoms. 6. What are the characteristics of the urine of a "fever" patient? Name some of the abnormalities about a patient's dejecta that you would consider necessary to report to the doctor. 7. Name three diseases in which a patient is especially liable to bed-sores. Give in detail the preventive treatment. 8. What care would you give the mouth of a typhoid fever patient? Why is this care so important? 9. What is the characteristic sputum of pneumonia? What is a frequent cause of cystitis? How may a nurse guard against this for her patient? 10. What symptoms would you watch for in a patient for whom the doctor feared acute nephritis? Describe in detail the giving of a suds enema, stating amount of fluid used, temperature, etc.

DIETETICS

1. Compare mother's and cow's milk. 2. What are nitrogenous foods? 3. What foods can be given a patient with diabetes? Give a breakfast, dinner and supper for such a patient. 4. Of what value is beef broth as a food? 5. Give a detailed method of making baked custards for the sick. 6. What should be the diet of an habitually constipated person? 7. Give in detail the diet of a typhoid patient from the beginning to the termination of the disease. 8. How would you make corn-meal gruel? Oyster stew? Chicken broth? 9. What is the diet in acute nephritis? 10. How would you prepare a steak? A chop?

BACTERIOLOGY AND HYGIENE

1. Name five communicable diseases and state to what germ each is due. What special preventive measures are necessary in each? 2. What is meant by "air-borne diseases?" Examples. "Water and soil-borne diseases?" Ex-

amples. 3. A certain class of bacteria may be regarded as benefactors. How is this explained and what name is applied to this class? To what class do the pathogenic bacteria belong? 4. What is meant by sterilization? Define ptomaines, infection, disinfectants, antiseptics. 5. Who first demonstrated that bacteria were the cause of many diseases? When? 6. Give five important points in personal hygiene to be emphasized in teaching children. 7. What is the composition of pure air? What change in the relative proportions is found in expired air? Why is deep breathing of vital importance? 8. What hygienic precautions should be observed in travelling? 9. State in detail how you would dispose of typhoid excreta in the country where there is no system of sewerage. 10. State most important points in nursing tuberculosis of the lungs, regarding both patient and the public? What is the best method of disinfecting sputum from tuberculosis?

ANATOMY AND PHYSIOLOGY

1. (a) What is anatomy? (b) How many bones in the human body and how divided for classification? 2. (a) What constitutes the spine in early life? (b) State the subdivisions of the spine and number of vertebræ in each. 3. (a) Name the covering for bones and its function. (b) Name the classes of muscles and give example of each. 4. (a) Name the respiratory organs. (b) What is the plura? 5. (a) What comprises the system through which the blood circulates? (b) What are the functions of the kidneys? 6. (a) What is the function of the lungs? (b) What is chyle, chyme, lymph? 7. (a) What is the function of the saliva? (b) What is an enzyme? 8. (a) What is bile? (b) What is the use of bile? 9. (a) Define assimilation. (b) What is the function of the gastric juice? 10. (a) Name the organs or parts of the body which constitute the digestive machinery. (b) What are the lymphatic vessels of the small intestines called?

NURSING ETHICS

1. If you were caring for a patient in a hotel would you think it proper to wear your uniform in the public dining-room? Why may it sometimes seem best for a nurse to go to a dining-room set apart for children and their nurses? 2. If you knew positively that a nurse registered on the same registry as yourself was guilty of gross misconduct what would you consider your duty in the matter? 3. What should be the attitude of a graduate nurse called in temporarily to supply on general duty in any hospital toward the nurses of the training school and toward her head nurse, who is an undergraduate of the school? 4. What points should a nurse bear in mind during the physician's visit to his patient? 5. What stand should a nurse take when on a case where patient and family are not satisfied with attending physician and appeal to her for advice about making a change?

VERMONT

THE VERMONT BOARD OF REGISTRATION OF NURSES held its second examination at the State House, Montpelier, November 9, 1911. Thirteen applicants creditably passed examination in the following subjects: Anatomy and Physiology, Materia Medica, Hygiene and Dietetics, Surgical, Medical and Obstetrical

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Nursing. Each applicant was also given a short oral examination. During the year registration has been granted to 223 graduate nurses without examination, the total number of registered nurses in the state now being 244. Examinations will be held the second Thursdays in May and November.

MASSACHUSETTS

Boston.—LUCILE MAST, graduate of the Hartford Hospital Training School, has resigned her position as superintendent of St. Joseph's Hospital, Bowling Green, Ky., and has accepted the position of superintendent of nurses of the Lying-in Hospital in this city.

THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its semi-annual meeting in Springfield, on January 16, at 2 P.M. in Hotel Kimball. The Superintendents' Section will hold its session at 12.30 P.M. Trains leave South Station, Boston, at 9.15 and 10 A.M. Visitors will be met at trains and directed. A cordial invitation is extended to all nurses and to the public to attend the meetings. Trains leave Springfield for Boston at 7.16 P.M.

CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its regular quarterly meeting on November 3, at the Nurses' Club, Bridgeport. After the business was disposed of there was a short musical programme, followed by a social hour.

NEW YORK

New York.—THE LEAGUE FOR NURSING EDUCATION held its first open meeting at the Central Club for Nurses on the evening of December 13, with a large attendance. Miss Noyes presided. "The Midwifery Question from the Nurses' Point of View" was the topic for discussion. Miss Van Blarecom, in a very complete address, gave the findings of her recent study of the methods in other countries, dwelling especially upon the situation in England where nurses are being educated as midwives and serve as very efficient inspectors, thus tending to bring the practice of midwifery up to a higher standard, and in time, no doubt, to eliminate the present type of midwife. The inspection as conducted by these nurses is not discharged by a cursory glance over the outfit of the midwife in her own home, but as she is obliged to leave a list of the calls she is to make, when she goes out, the Nurse Midwife Inspector follows her upon her round and by observing or assisting her in her work, becomes a very active factor in the final uplift of this most important branch of neighborhood work. Miss Noyes then told of the new school of midwifery at Bellevue, which will be described in detail in the next issue of the JOURNAL. Miss Schot discussed the subject from the point of view of the settlement nurse. The next meeting, which will be an open one, will be held on January 10 at the New York Hospital.

ST. LUKE'S ALUMNÆ ASSOCIATION held its annual meeting on November 14, and elected the following officers: President, Amy M. Hilliard; vice-president, Isabel L. Evans; recording secretary, Hilda C. Baker; corresponding secretary, M. Louise DeWilde; treasurer, Mabel Wilson.

THE WOMAN'S HOSPITAL held its fifty-sixth annual meeting in the hospital on December 7. Addresses were made by William P. Merrill, D.D., Dr. D.

Bryson Delevan, and Hon. Joseph H. Choate. The president of the hospital, John E. Parsons, stated that funds were needed to cancel the deficit for 1911, and that a nurses' home was needed to give more room for patients, the waiting list for December being 75.

THE NEW YORK POST-GRADUATE NURSES' ALUMNÆ ASSOCIATION at its December meeting considered the question of endowing a room for the use of graduates, and a committee was appointed to interview the president and board of the hospital. The question of recommending names for nominations for office in the American Nurses' Association was referred to the Executive Board.

THE MT. SINAI ALUMNÆ are to be congratulated upon having secured the minimum amount with which they had estimated they might begin to dispense their pension fund—\$60,000. No bazaars or fairs have been given nor has any public appeal been made. The money has been secured through the efforts of the directors of the hospital with the assistance of a committee of ladies. Many of the alumnae worked for the fund, by bringing it to the attention of those likely to be interested, and while the officers of the fund are planning to begin to recognize claims during 1912, the work is by no means finished—only begun. A great difficulty at the outset was the formulating of by-laws, for no precedent could be found which seemed to exactly cover the ground. The rules adopted are given here as so many requests for copies are received by the association:

PENSIONS

Pension shall be granted by the Pension Fund Committee, payable only out of the income of the fund, to all applicants who are eligible therefor in accordance with these by-laws.

ELIGIBILITY

Each member of this Pension Fund who shall have been nursing for twenty years after graduation or after five years of nursing shall have supported herself by other occupation for the remainder of the twenty years, shall be eligible for the pension according to the following schedule:

(a) Nurses who graduated before the existence of this fund and who joined within the first three years of its existence shall pay into the treasury of the fund two hundred dollars in addition to the initiation fee.

(b) Nurses who graduated before the existence of this fund and who join after the third year of its existence must have been members of the fund twenty years before being eligible for a pension.

(c) Nurses graduating after the establishment of this fund must have been members for twenty years before being eligible for a pension.

EXCEPTIONS

Should a member become totally incapacitated or disabled for self-support before the expiration of twenty years after graduation, or before the expiration of twenty years' membership in the Pension Fund, she may procure pension upon the recommendation of the investigating physicians and a two-thirds vote of the entire Pension Fund Committee.

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LIMITATIONS

No pension shall be paid until at least sixty thousand dollars is in the treasury to the credit of the Pension Fund. No pension shall exceed twenty-five dollars a month. If the net income of the fund, after the payment of current expenses, shall not be sufficient to pay a pension of twenty-five dollars a month to each applicant who is eligible therefor, then such net income shall be divided equally among the applicants who are eligible for pensions in accordance with these by-laws.

EXEMPTION

Members of the Association receiving pension shall be exempt from Pension Fund Dues, but shall be entitled to the pension only while they pay the Association dues.

There shall be a Finance Committee consisting of three men of good financial standing, who shall be elected by the Directors and who shall direct the investment and re-investment of the funds of the Association and the Pension Fund.

All investments shall be such as are permitted under the laws of the State of New York offering to the investment of the funds of Savings Banks.

Brooklyn.—THE LONG ISLAND COLLEGE ALUMNÆ ASSOCIATION at its regular meeting, November 14, had an interesting address from Mrs. Charles G. Stevenson on Red Cross work.

Schenectady.—A NURSES' SETTLEMENT has been started at 1310 State Street by Anna M. McGee for the purpose of co-operating with the Metropolitan Life Insurance Company in extending a nursing service to its policy holders and for giving a visiting nurse service to any one wanting it.

NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION held a special meeting in the Public Library, Newark, on December 14, for the purpose of passing on the proposed bill for registration. Beatrice M. Bamber presided. The meeting was well attended. With some few minor alterations and the addition of a reciprocity clause, the bill has been drawn up on the same lines as the one which failed to pass last year, but it was the sense of the majority that the fight should be still persistent in favor of an all nurses' board. The meeting closed with the taking up of voluntary donations towards the expense of the campaign.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES has recently granted registration to 343 applicants.

Philadelphia.—THE GRADUATE NURSES' CLUB held a bazaar on November 28 which was a success in many ways. Graduates from different schools, superintendents, private duty nurses, and married nurses worked happily together for the good of the club. Pupil nurses from the different hospitals came to serve the luncheons and dinners. The financial gain was about \$900. The club was honored by a visit from Sophia F. Palmer on her return from the Red Cross meeting at Washington.

THE NURSES' ALUMNÆ ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL held a regular monthly meeting December 4, in the Nurses' Home, Mary

Eager, president *pro tem.*, presiding. The minutes were read by the secretary, Miss Guinther, and approved. The report of the treasurer, Mrs. Sarah Warmuth, was accepted. The secretary read an invitation to the memorial service for Rev. Fr. Heaton, in the Episcopal Chapel of the hospital, held December 10. An invitation was extended by the Presbyterian Hospital Nurses to attend a lecture on Medical Social Service, by Mr. Alexander Wilson. Two resignations were accepted, and one new member. It was decided to give a euchre and dance in February. Mrs. Warmuth was elected chairman of the arrangements with the privilege of appointing her committee. The proceeds of this euchre are to go to the general funds of the Association. One of the members reported a former nurse having met with a misfortune. After some discussion it was decided that the nurses render assistance individually as they desire. It was decided to invite the senior nurses of the hospital to attend the social part of the meeting of the Alumnae. On motion adjourned to meet the first Monday in January.

THE TRAINING SCHOOL OF THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA held commencement exercises on November 20 in Houston Hall. Dr. Edgar F. Smith, Provost of the University, made the address. Mr. John Sailor presented the diplomas to a class of eighteen. Rose L. Meyers received the school pin from the Training School Committee. Dancing followed.

EDNA T. ROCKEY, class of 1910, University Hospital, has resigned her position at the Presbyterian Hospital, Pittsburgh, for one in the McKeesport Hospital.

THE ALUMNAE ASSOCIATION OF THE METHODIST EPISCOPAL HOSPITAL has elected the following officers for the year: president, Mrs. L. E. Wetherell; treasurer, Anna Wiswell; corresponding secretary, Anna H. Wetherell, Devon Apartments, A. 2, St. James Place, Atlantic City, N. J.

Spangler.—**ANNA E. BROBSON**, superintendent of the Miners' Hospital, has resigned her position and will spend six months in rest and study. She is succeeded by Mrs. Minnie Underhill, graduate of the Williamsport Hospital.

Pittsburgh.—**THE ALLEGHENY GENERAL HOSPITAL NURSES' ALUMNAE ASSOCIATION** held its regular meeting at the hospital on December 4, at which an appeal was made to the members to enroll in the Red Cross. A reunion of all the graduates of the school is planned for the early part of the year. The following officers were elected: president, Marie Hanlin, R.N.; vice-president, Wilmina Forester, R.N.; treasurer, Catherine J. Clover, R.N.; recording secretary, Ella Condon, R.N.; corresponding secretary, Isabel Chaytor, R.N., 332 East North Avenue, N. S. Pittsburgh. Nettie Harsha, R.N., was appointed chairman of a committee to prepare a programme for the year.

DISTRICT OF COLUMBIA

THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA, at the November meeting, elected to office the following: president, Miss Lippitt, R.N.; secretary, Miss Prentiss, R.N.; treasurer, M. J. Thompson, R.N.

A most successful bazaar and tea were held on December 6 at the Registered Nurses' Club, 1337 K Street, for the benefit of the club and the Red Cross Day Camp. Among the many articles for sale was a large doll named by Mrs. Taft. The rooms were crowded with friends during the afternoon and evening, and the nurses were congratulated on the attractiveness of the club house. A few of the distinguished guests were: Mrs. Taft, Miss Boardman, Mrs. William K. Draper, Miss Delano, and Miss S. F. Palmer.

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MARYLAND

Baltimore.—THE HOSPITAL FOR THE WOMEN OF MARYLAND will soon open and use a fine new home for its nursing staff.

EMANUEL EPISCOPAL CHURCH is raising a fund of \$25,000, of which the interest is to maintain a nurse for the parish poor. This is a memorial to the late Rev. Dr. Eccleston.

Hagerstown.—A MOVEMENT is on foot to employ a trained nurse to care for the tuberculous poor of the community. It has been suggested that she take charge of other contagious diseases, as well as tuberculosis.

VIRGINIA

Richmond.—ST. LUKE'S HOSPITAL TRAINING SCHOOL held graduating exercises on October 31 in the roof garden over St. Luke's Annex. Seven nurses received diplomas. A reception and dance followed the exercises.

WEST VIRGINIA

THE GRADUATE NURSES' ASSOCIATION OF WEST VIRGINIA held its sixth annual convention in Wheeling, October 31, November 1 and 2. It was the largest and most enthusiastic the state has ever witnessed. The first day was given to the meetings of the superintendents, when matters of vital interest were discussed. In the afternoon, Miss McIsaac gave a very helpful talk. The following days were given to the regular convention work, Miss McIsaac giving a fine address to graduate and pupil nurses. Five of the Wheeling physicians gave short and helpful addresses, and many others came to pay their respects to the nurses. Several of the clergy also came to see them and give words of cheer. The ladies of the Hospital Association entertained the members at tea at the Fort Henry Club. Dr. and Mrs. Reed gave a delightful tea at their lovely colonial residence. The Wheeling nurses provided a charming banquet for the convention at the Y.W.C.A. rooms, at which there were many speeches and much fun and good will. Clarksburg was the place selected for the next meeting. The officers elected were: president, Mrs. H. C. Lounsbury; vice-presidents, Alpha Millette, Miss Moriarty; secretary and treasurer, Mrs. M. J. Steele, 10 Hubbard Court, Charleston. Twenty-two new members joined the association, and many asked for papers for Red Cross enrollment. The meeting was enjoyable throughout and too much credit cannot be given to the members of the Wheeling County Society who worked so ably to have a successful meeting.

M. J. STEELE, Secretary.

Wheeling.—AN ELEVEN-DAY CAMPAIGN for raising \$250,000 for the City Hospital was conducted from December 8 to December 19. Enthusiasm ran high, and in one twenty-four hours \$20,000 was pledged. At the closing of these pages \$227,000 had been secured.

NORTH CAROLINA

Asheville.—THE NURSES OF THE CITY gave a reception on December 12 for Mrs. Carven and Miss Bennett, the superintendents of the Mission Hospital, in the parlors of "The Henrietta." Most of the nurses of the city were present as well as members of the board of managers of the hospital. Mrs. Carven is a

graduate of the Woman's Hospital, Philadelphia, and Miss Bennett, of Salisbury, Md. They have entered upon their duties with a training school of twenty pupils, and a well-equipped hospital, with a diet kitchen in charge of Miss Hencky. Miss Lord, who has formerly been in charge, has resumed her work of private nursing in the city.

KENTUCKY

Louisville.—THE LOUISVILLE CITY HOSPITAL TRAINING SCHOOL gave an "old-fashioned Kentucky dinner" in honor of Miss McIsaac on the occasion of her visit to that city on November 21. Besides Miss McIsaac, some of the guests were Rev. Henry A. Porter, Mayor W. O. Head, members of the Board of Safety, Dr. J. W. Fowler, Superintendent of the City Hospital, Dr. C. Louis Mohr, secretary, and other interested citizens. The hostesses were Miss Eliza Johnson, superintendent of nurses, her four assistants, and thirty-two other nurses.

THE NORTON MEMORIAL INFIRMARY ALUMNÆ held its sixth annual meeting at the Nurses' Home on October 16. The following officers were elected: president, Emma Isaacs; vice-president, Locke Brunson; treasurer, Anna Schmitt, R.N.; secretary, Kathryne D. Mourning, 118 North Oak Street; chairman of committees: programme, Annie Rece; membership, Agnes Hulton; social, Elizabeth P. Applebaum; sick benefit, Florence Cain; graduate nurses' room, Mary Coady. A social hour followed the meeting.

MISSISSIPPI

THE INTERSTATE SECRETARY, ISABEL McISAAC, R.N., was in Mississippi from December 1 to December 4, inspiring the scattered nursing body to continued efforts in behalf of the profession. Her first appointment was in Greenville, the second in Vicksburg, and the third in Natchez. At each place there were comparatively few nurses to meet her, the majority of her audiences in both Vicksburg and Natchez being pupil nurses. However, in each case the numbers represented almost the entire nursing body of the town and nearby vicinity, and all were enthusiastic, attentive, and eager to learn. Miss McIsaac came under the auspices of the recently-formed State Nurses' Association, which was very grateful for this rare opportunity of receiving advice, in its infancy, from one who is so capable and so sympathetic. At each place, Miss McIsaac was entertained by the local County Association. It was the second anniversary of the association at Natchez, which was the first formed in the state, the others being several months younger. The state president, Miss J. M. Quinn, of Hattiesburg, came to Natchez for this occasion and at the evening meeting introduced the speaker in her usual gracious manner. Miss Quinn was accompanied by Miss Annie Milner. After a pleasant social hour on Monday evening, Miss McIsaac left for New Orleans, bearing with her the thanks and hearty good wishes of all whose good fortune it was to meet her and hear her talk, for the instruction and advice which she imparted during her stay. The nurses feel far better prepared now to meet the problems which are confronting them, and have gained from her courage to assail the many obstacles barring their path to progress. May this, and all other good work of the American Nurses' Association, grow yearly, and continue its great benefits to nurses and the general public.

LEOLA STEELE, Secretary.

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LOUISIANA

New Orleans.—THE CHARITY HOSPITAL OF THE STATE OF LOUISIANA celebrated its hundredth anniversary with diamond jubilee ceremonies and the graduation of its senior nurses on December 8, on the grounds of the hospital. There were twenty-seven graduates, three of them Sisters, who marched with the others. The exercises consisted of the following numbers, preceded by and interspersed with orchestral music: "Evolution of the Charity Hospital," E. S. Lewis, M.D., vice-president; Report of Directress, Sister Agnes; Address, J. A. Danna, M.D., house surgeon; Address, Hon. L. E. Valloft, Chairman House Committee; Address, His Excellency J. Y. Sanders, Governor of Louisiana; Awarding of Diplomas by the Governor. Miss Melsaac, who was present, was much interested in all the historical associations, and was also impressed by the Sister who has been night superintendent for twenty-eight years and "is as healthy and happy in looks and manner as can be."

OHIO

Canton.—MISS E. A. BRADY, R.N., has resigned her position as assistant superintendent of Ingleside Hospital to accept the superintendency of Dr. Pryor's Surgical Hospital, Chester, South Carolina.

Cleveland.—THE ROBB MEMORIAL CLUB HOUSE, which has long been under consideration, is at last becoming a reality, as a house has been purchased which will be made the headquarters of the Graduate Nurses' Association and the central registry. It is hoped that it may become an educational centre as well.

MICHIGAN

Detroit.—THE WAYNE COUNTY NURSES' ASSOCIATION held its annual meeting on December 1, at the Wayne County Medical Library. Annual reports of officers presented. The retiring president, Mathild Krueger, gave a summary of the year's work, also drawing the attention of the nurses to the editorial in the JOURNAL of the great dearth of nurses for other fields of work and urging their interest in this and the Robb Memorial Fund. Officers for 1912 were elected as follows: president, Agnes G. Deans; vice-presidents, Mathild Krueger, Mrs. L. E. Gretter; recording secretary, Emily Rankin; corresponding secretary, Mrs. Effie M. Moore, 33 High St. East; treasurer N. E. Haight; directors, Theresa Martin, Rachel Mulheron, A. Melville, H. J. Fisher, C. P. Vanderwater.

ILLINOIS

THE ILLINOIS STATE BOARD OF EXAMINERS OF REGISTERED NURSES will hold an examination on January 11 and 12, 1912.

MARY C. WHEELER, R.N., Secretary,
127 North Dearborn St., Chicago, Ill.

Chicago.—THE DIRECTORS OF THE ILLINOIS TRAINING SCHOOL FOR NURSES have elected to their board Jessie Breeze, class of 1887. At the November meeting of the alumnae association, Mrs. C. D. Westcott was chosen as treasurer to succeed Miss Beattie, who has removed from the city. An address was given by Dr. Quine, and a drill in parliamentary law by Mrs. Plummer. Myra Tucker, class of 1907, succeeds Miss Beattie as preliminary instructor at the training school.

Rockford.—THE ROCKFORD HOSPITAL ALUMNAE ASSOCIATION held its quarterly meeting on December 6, at the nurses' home. Eight new members were

admitted. Kate F. O'Connor gave a talk on "Equal Suffrage." Following the regular meeting, a special meeting of the Executive Board was held at which Frances Jennings was appointed president of the association to fill the vacancy caused by the resignation of Susan J. MacNaughton.

INDIANA

THE INDIANA BOARD OF NURSE EXAMINERS had, in November, the largest number of applicants in its history—between 70 and 80.

MISSOURI

THE MISSOURI STATE NURSES' ASSOCIATION held its fifth annual convention at the Planter's Hotel, St. Louis, October 11, 12 and 13. This was the largest, most interesting, most enthusiastic meeting of nurses ever held in the state. Six hundred nurses were present on Thursday afternoon, that time being devoted to the work of the Red Cross. The report of the State Committee on Red Cross Nursing Service by Margaret M. McClure, chairman, was followed by an address by Sophia F. Palmer, editor-in-chief of the *AMERICAN JOURNAL OF NURSING*, on "Summary of the Establishment of the Red Cross." Jane A. Delano, chairman of the National Committee on Red Cross Nursing Service, then spoke on its present work and hope for the future. In compliment to Miss Delano and her work, the assembly room was decorated with American flags, and the flowers were red and white carnations. The enrolled nurses wore the white uniform and the Red Cross pins.

The following very interesting reports were read during the convention: "Central Registry, Kansas City," by the secretary, Anna Casey, superintendent of the German Hospital in that city; "Central Registry, St. Louis," by Mrs. R. H. Dobbins, visiting nurse, St. Louis; "Graduate Nurses' Association, Kansas City," Cornelia Seelye, president; "Graduate Nurses' Association, St. Louis," Janette Flanagan, president; "Superintendents' Association, Kansas City," Charlotte B. Forrester, secretary.

On Friday morning Dr. John C. Morfit, Hospital Commissioner of St. Louis, spoke on the need of skilled nursing for the insane. The election resulted in the re-election of all the old officers except one, who declined to serve because of other duties: president, Margaret McKinley, St. Louis; vice-presidents, Sallie Bryant, St. Joseph, Cornelia Seelye, Kansas City; recording secretary, Esther Cousley, St. Louis; corresponding secretary, Mrs. Mabel C. Freytag, Graham; treasurer, Margaret M. McClure, St. Louis.

On Friday afternoon Miss Palmer gave another address on "Some Responsibilities of the Teaching Body," and Miss Delano spoke of the *AMERICAN JOURNAL OF NURSING* as the official organ of the American Nurses' Association. Both these addresses were most interesting and instructive, and the association appreciates most deeply the honor of having had Miss Palmer and Miss Delano as its guests.

Last year the association affiliated with the State Conference of Charities and Corrections. That organization has asked co-operation in the matter of bettering conditions in county almshouses, and for this purpose a committee was appointed to confer with the State Conference of Charities.

The social features of the convention were an automobile ride given by the physicians of the city to the delegates, which allowed them to see the parks and residence portion of the city; a luncheon at the Planter's Hotel given by the Graduate Nurses' Association, which was enjoyed by about sixty members and

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delegates; and a reception and banquet on Thursday evening at which Miss McClure was toastmistress. The first toast, "Victory," was responded to by Miss Palmer; "The Professional Woman," by Mrs. E. L. Langan, of Kansas City, the beloved parliamentarian, this year made an honorary member; "Nurses of Thirty Years Ago," Cornelia Seelye; "Private Duty Nurse," Sallie Bryant; "Uncalled-for Blessings," Eleanor Keeley; "The Nurse of To-morrow," Charlotte Forrester; "Our Flag," Jane A. Delano.

St. Louis.—THE GRADUATE NURSES' ASSOCIATION held its annual meeting on October 16, the following officers being elected: president, Margaret McClure; vice-presidents, Esther Cousley, Lulu Bender; recording secretary, Mrs. Dobbins; treasurer, Miss Frier; auditor, Mary Stebbins. Meetings are held the third Monday of every month from September through May.

THE ST. LOUIS TRAINING SCHOOL ALUMNÆ ASSOCIATION meets the first Wednesday of each month. It issues a *Quarterly Bulletin* of which Miss Warr is news editor and Miss Conn assistant. A bazaar was held by the alumnae on December 6 and 7 for the purpose of increasing the association's bank account to \$1000.

THE LUTHERAN HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting at the hospital December 4, with forty members present. The society has a membership of seventy active and three honorary members. The treasurer's report was very satisfactory. The following officers were elected: president, Mary L. Baird, R.N.; recording secretary, Cordelia Rantz; corresponding secretary, Frieda Landsky, R.N.; treasurer, Anna Tiemeyer, R.N. The members of the association have been greatly benefited by the instruction in parliamentary law given by Mrs. Longan, of Kansas City, in November. After a very interesting meeting in commemoration of the sixth anniversary of the organization, a social hour was spent to which the pupil nurses were invited.

TEXAS

THE BOARD OF NURSE EXAMINERS FOR THE STATE OF TEXAS met in Temple, October 25 and 26, and registered eighty nurses. The next meeting will be held in San Antonio, April 24 and 25. In order that all nurses may have an opportunity to register without examination, the Board especially desires to call attention to the fact that after January 1, 1912, a nurse in order to obtain the degree of R.N. will have to take the examination. Superintendents of training schools are requested to send the names of all nurses in training on March 20, 1911, to the secretary at once.

C. L. SHACKFORD, R.N., Secretary.

[There would seem to be an error in these dates, but we are publishing them as submitted to us by the secretary.—Ed.]

El Paso.—THE GRADUATE NURSES' ASSOCIATION OF EL PASO COUNTY held two candy sales during November and realized about \$18. A candy and doll sale was held in December.

Galveston.—S. ELLA OGDEN, for five years night superintendent of the John Sealy Hospital, has resigned her position and will spend some time in Oswego, Kansas. She is succeeded by Frances Perry, graduate of the Lakeside Hospital, Cleveland, and post-graduate of Bellevue. Anna Greer, class of 1911, has been appointed head nurse in the operating room. Ella R. White, class of 1911, has accepted the position of superintendent of the Adair Hospital, Clarendon.

NORTH DAKOTA

University.—THE STUDENTS OF THE PREPARATORY COURSE are doing good work in all departments. One of the University students (sophomore) is selecting her "elective courses" from the nurses' curriculum yearly. At the end of her four years of college work, she will also have completed the year's work required of the nurse student and will be ready to enter the hospital for two more years of training. Miss Erdmann, director of the preparatory course for nurses, has just completed the course of lectures on Personal Hygiene, given annually and required of all freshmen women.

Grand Forks.—THE GRAND FORKS COUNTY ASSOCIATION, at the December meeting, received a report from the Committee for a State Association on the progress made the past month. The state has been divided into districts consisting of from four to ten counties each. The following cities are headquarters: Minot, Devil's Lake, Grand Forks, Dickinson, Bismarck, Jamestown, and Fargo. With three members from the Grand Forks and Cass County associations and one from each of the remaining five districts, a committee of eleven will work together toward the formation of a state association. Grand Forks is the state headquarters and Bertha Erdmann, R.N., is chairman of the committee. Edith P. Rommell, R.N., president of the Minnesota State Board of Nurse Examiners, recently addressed the members of the Graduate Nurses' Association, injecting them with new enthusiasm and energy.

WASHINGTON

Tacoma.—PIERCE COUNTY GRADUATE NURSE ASSOCIATION held the usual monthly meeting in the Nurses' Home of the F. C. Paddock Hospital on November 6. After roll call, minutes, and reports, the following officers were elected to serve for the coming year: president, Anna M. Juergens; vice-president, Edith Weller; secretary, Elsie Smith; treasurer, Etta B. Cummings; trustees, Misses Hendrickson, Hunter, Brown, Sonju, and Mabel Smith. Mrs. Cummings told of the many improvements which have been made in the City Contagious Hospital, and moved that a letter be written to the mayor and commissioners, thanking them in the name of the association for the work that has been done. Interesting articles were read from magazines. Two applications for membership, and one resignation, were accepted. A thoughtful address was given by the retiring president, and the newly-elected officers were asked to take their places. Miss Weller expressed a wish that each member should give to the association the benefit of any original ideas which would be helpful to the other members. Mrs. Fletcher reported on using a stomach tube for bowel irrigation; discussion followed. Miss Mulroy suggested disconnecting the ordinary irrigating tube. The question—"Can One Not a Graduate Nurse Lawfully Wear a Cap?" was answered,—The only copyrighted cap is the "Sister Dora"; any other cap may be copied and worn.

CANADA

Toronto.—AGNES CHISHOLM AND ELIZABETH F. SINCLAIR, graduates of the Englewood Hospital, Englewood, N. J., have opened the Madison Private Hospital, at 159 Madison Avenue.

BIRTHS

ON November 1, a daughter, to Mr. and Mrs. E. W. Walton. Mrs. Walton was Mabel Barrett, class of 1907, Long Island College Hospital, Brooklyn.

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On September 18, a daughter, to Mr. and Mrs. Belden Booth. Mrs. Booth was Harriet Boyle, class of 1907, Long Island College Hospital, Brooklyn.

On November 13, at Durand, Mich., a daughter, Marguerite, to Dr. and Mrs. E. J. Carney. Mrs. Carney was Bessie Desereaux, class of 1905, St. Mary's Hospital, Detroit.

On November 16, at North Bay, Ontario, a son, Donald Weir, to Mr. and Mrs. William J. Milne. Mrs. Milne was Irene Dick, class of 1906, St. Mary's Hospital, Detroit.

On October 9, at Galveston, Texas, a son, Harry O., Jr., to Dr. and Mrs. H. O. Sappington. Mrs. Sappington was Margaret G. Fay, University of Pennsylvania Hospital, Philadelphia.

On November 12, at Galesburg, Ill., a daughter to Mr. and Mrs. Harold Klosz. Mrs. Klosz was Etha Butcher, class of 1901, Johns Hopkins Hospital. She was formerly superintendent of the Hoyt Memorial Hospital, Jhansi, India, and has been the editor of the *Nursing Journal of India*.

MARRIAGES

On August 6, Elizabeth Jordan, class of 1905, St. Luke's Hospital Training School, Richmond, Va., to Paul Crews, of Durham, North Carolina.

On September 5, Lida A. Bleecker, class of 1908, St. Luke's Hospital Training School, Richmond, Va., to Bettus Malone, M.D., of Chester, South Carolina.

In September, Carter Peyton, class of 1908, St. Luke's Hospital Training School, Richmond, Va., to S. T. Nicholson, M.D., of Bonne Terre, Missouri.

On October 4, at Great Neck, Long Island, N. Y., Mary Lennox, class of 1903, Long Island College Hospital, Brooklyn, to Martin B. Tillotson.

On August 2, Louise Cosgro, class of 1901, Long Island College Hospital, Brooklyn, to Augustus Bachelder Emery. Mr. and Mrs. Emery will live in Cordova, Alaska.

On November 3, in Denver, Colorado, Elinor Margaret Porter, class of 1909, St. Luke's Hospital, New Bedford, Mass., to Arthur Gordon Hodgins, M.D. Dr. and Mrs. Hodgins will live in Honolulu, H. I.

On September 27, at Rochelle, Texas, Emily R. Sellman, class of 1911, John Sealy Hospital, Galveston, to Thomas E. Mangum, M.D. Dr. and Mrs. Mangum will live in Ballinger, Texas.

On November 3, at Temple, Texas, Mary Fulton, graduate of the Temple Sanitarium, to John Thomas, M.D. Dr. and Mrs. Thomas will live in Temple.

On October 1, at El Paso, Texas, Ollie Connella, graduate of the Alexandria Sanitarium, to S. K. Patterson. Miss Connella had resided for some years in El Paso.

On November 15, Katherine Marr, class of 1905, Mt. Sinai Hospital, to E. L. Hazeltine, M.D. Miss Marr has held the position of superintendent of nurses at the Steele Memorial Hospital, Denver.

On November 7, at Clarendon, Va., Nancy Ruth Gaines, class of 1906, Mt. Sinai Hospital, to John William Schelpert, M.D. Dr. and Mrs. Schelpert will live in New York City.

On November 5, at El Paso, Texas, Emma C. Swanson, class of 1905, Illinois Training School, to Guernsey Roots Piper.

At San Diego, California, Nellie Hamilton, class of 1897, Illinois Training School, to J. D. Shipp.

ON November 29, in Baltimore, Grace Lawrence Dunderdale, graduate of the University Hospital Training School, to Walter Koppelman, of Baltimore.

IN October, Anna Hayenga, class of 1909, Rockford Hospital, to James Oakes.

ON November 22, at Moline, Ill., Lillian Marie Juel, class of 1908, Benjamin Hershey Memorial Hospital, Muscatine, Iowa, to William P. Pierret. Mr. and Mrs. Pierret will live in Moline.

ON November 15, at Muscatine, Iowa, Jeanette A. Noland, class of 1910, Benjamin Hershey Memorial Hospital, to John Edward Graebner. Mr. and Mrs. Graebner will live in Muscatine.

ON October 18, L. Edith Wetherill, class of 1897, Methodist Episcopal Hospital, Philadelphia, to Charles Lloyd Shurtleff. Mr. and Mrs. Shurtleff will live in Lansdowne, Penna.

ON November 18, Rose A. Lucas, class of 1909, New York Polyclinic Hospital, to Alfred C. Bourne. Mr. and Mrs. Bourne will live in Vancouver, Canada.

ON November 29, Harriet M. Fogel, class of 1910, Levering Hospital, Hannibal, Mo., to W. M. Dickerson, M.D. Dr. and Mrs. Dickerson will live in Renick, Mo. Miss Fogel recently had charge of the Woodland Hospital, Moberly.

ON November 30, Lytta Barry, class of 1909, Rockford Hospital, to Edward J. Voigt, M.D. Dr. and Mrs. Voigt will live in Rockford.

ON October 12, at Mannington, West Virginia, Sara Willard Jenks, a graduate of the Allegheny General Hospital, Pittsburgh, to Charles R. Drake.

ON December 24, at Baltimore, Fannie Rosenthal to Isaac Sandler.

DEATHS

ON June 8, at her home, near Milford, Va., Fanny Pryor Washington, class of 1905, St. Luke's Hospital Training School, Richmond. Miss Washington's trained mind and unselfish devotion to her work won the admiration of her associates; her gentleness, patience, kind and sympathetic nature, and willingness to serve humanity were best appreciated by those who knew her best. Her alumnae association feels a loss in her death.

ON April 3, at her home in Stonersville, Penn., Elizabeth E. Lee, class of 1883, Woman's Hospital, Philadelphia. Miss Lee died after months of patient suffering. She was a valued friend and an excellent member of her profession.

ON October 25, of tuberculosis, Virginia Dunbar, class of 1891, Illinois Training School. Miss Dunbar had requested that her school pin be given to some nurse who could not afford to buy one, and it has been given to a member of the class of 1911. This request was characteristic of Miss Dunbar, for she was a warm-hearted woman, kind to her patients, and obliging and helpful to her associates.

IN July, at the Methodist Episcopal Hospital, Philadelphia, Agnes Miller, class of 1901 of the training school of the hospital.

ANNA MCCORMICK, a graduate of Grace Hospital Training School, Detroit. Her associates express deep sorrow at the loss of so loving, true and kind a friend.

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BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON, R.N.

THE BACILLUS OF LONG LIFE. A Manual of the Preparation of Souring of Milk for Dietary Purposes, Together with an Historical Account of the Use of Fermented Milk from the Earliest Times to the Present Day and their Wonderful Effect in the Prolonging of Human Existence. By Loudon M. Douglas, F.R.S.E. \$1.50. Knickerbocker Press. G. P. Putnam's Sons, New York and London. 62 illustrations.

According to the author the Bacillus of Long Life has been tracked down and can be taken in his native lair by any who wish to continue their earthly existence beyond the allotted three score and ten years. The fabulous age of the patriarchs he considers not merely credible but the unavoidable result of their mode of life—living in tents in the open air—wandering from one spot to another—leaving defilement all behind, and living on the soured milk of their flocks and herds. Senility it is claimed is due to auto-intoxication—or in other words, the poison derived from putrefactive micro-organisms which inhabit the digestive tract. To Metchnikoff is due the credit of working out the idea of combating these micro-organisms by introducing other and stronger microbes which should be able to drive out or destroy the poisonous bacteria. The *Bacillus Bulgaris* has, after many experiments, been adopted as the most potent of the various organisms experimented with. This microbe is found in the *yahourt* or fermented milk which is extensively used in Bulgaria as the chief article of diet. In the poorer parts of Bulgaria this fermented milk is almost their only food, and it is among these folk that are found the oldest people in the world. He gives a picture of such an aged person, a woman of 126 years, still busy with her distaff and looking no older than her son, who is 101 years. After a most interesting account of the history of the use of milk as food and the various ways in which different nations prepare and use the fermented milk, there is given the chemistry of milk and besides the scientific analysis there are given practical tests which any one may use. Modern dairy practice, pasteurization—and the methods of making the soured

milk are given. A chapter on the bacteriology of soured milk follows, and then practical directions for preparation of soured milk and finally a chapter on the use of soured milk in health and disease.

Despite there being a good bit of scientific matter in the book, it makes wonderfully interesting reading—once the book is opened there is no putting it aside until the last page is read.

THE WAY WITH THE NERVES. Letters to a Neurologist on Various Modern Nervous Ailments, Real and Fancied, with Replies Thereto Telling of their Nature and Treatment. By Joseph Collins, Physician to the Neurological Institute of New York. Price, \$1.50. G. P. Putnam's Sons, Knickerbocker Press, New York.

The old-style title and long explanatory subtitle of this book are misleading. The ancient fashion of mystification, hocus-pocus, and long Latin names, is conspicuous by its absence, and apparently an entirely new order of procedure is entered upon. The laity are not only tolerated behind the scenes—they are exhorted to come in and make themselves acquainted with nervous diseases, to cultivate a habit of observation of symptoms, and to search out the most obscure points of the disease. Time was when those who were suffering from nervous diseases were held to be possessed by devils and they received scant consideration. Dr. Collins treats of functional nervous disorders—migraine, neurasthenia, psychasthenia, epilepsy, mental, retardation of children, depression, inebriety, hysteria, etc. Even these were not tolerated in ancient times, and it is highly probable that the ducking stool and such forms of outrageous punishment were meted out to what would now be considered as sufferers from "repressed emotion" or the "dual personality." We of the present day have decidedly the advantage, as may be seen by following the treatment Dr. Collins prescribes. It is written in the form of letters from the suffering patient to physician with answers which suggest the line of treatment. The letters are supposed to come from all classes and conditions of life and cover a wide range of cases, the idea being to stimulate the will power and suggest to the patient ways by which he may help himself to overcome the disorders from which he suffers. They are something of fairy stories, these letters, no women ever were so candid as these and no mortal man ever had the patience to read these letters all through. Some of the supposed letters are almost amusing—and would be quite so if they were not extremely pathetic. Some of the answers too are amusing—for instance, the answer to the young man suffering from hysteria; the immense effort visible in the writer to reach down to the limited intelligence of the question,

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strikes the reader as nothing if not absurd; in explaining the meaning of the word *psychotherapy* he mentions that it has been an important asset of the physician since the Hippocratic period—one would think that a modern word like psychotherapy might be intelligible to ordinary people but the Hippocratic period would be little except a vague suggestion of the antique.

HANDICRAFT FOR GIRLS. A Tentative Course in Needlework, Basketry, Designing, Paper and Cardboard Construction, Textile Fibres and Fabrics, and Home Decoration and Care. By Isabelle McGlaulin, Supervisor of the Girls' Handwork in the Denver Public Schools. Manual Arts Press, Peoria, Illinois.

The purpose of this book is not only to teach girls the various handicrafts set forth in the title but also to furnish teachers with a course of work which, while aiding the pupils to acquire the required deftness and technic, develops also the character of the child. "Every exercise in handicraft should embody an educational principle, making sure the training of the judgment, the eye, or the memory and tending to develop skill, patience, accuracy, perseverance, dexterity or artistic appreciation."

One can easily see how much such a course must influence the character of the pupil and the high educational value it brings with it. For the teacher, too, there is positive inspiration in the book. With such a clear and comprehensive course of work laid out for her, it is impossible to imagine any lack of interest and equally impossible to approach the class unprepared. How far this teaching can go is beyond computation—for the womanly traits which unconsciously grow out of making and wearing neat and dainty underwear and clothing, and keeping a clean, dainty, well-regulated home, are bound to spread and influence the surroundings of their possessor.

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